

Case Number:	CM14-0186256		
Date Assigned:	11/14/2014	Date of Injury:	02/26/1993
Decision Date:	12/31/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 62 year old male who sustained a lumbar injury on 2-26-93. The claimant has undergone a lumbar laminectomy and discectomy without fusion. Office visit on 9-12-14 notes the claimant has low back pain, worse with prolonged activity or prolonged standing. The claimant has been participating in physical therapy. He reports no lasting improvement with physical therapy. The claimant has pain radiating on the left greater than right to the buttocks and posterolateral thigh. The claimant is utilizing Norco with reported improvement. On exam, the claimant has decreased lumbar lordosis, tenderness to palpation and paraspinal and facets bilaterally. Range of motion is decreased in all planes.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SPECT CT of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59, 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM notes that routine CT is not recommended for acute, subacute, or chronic non-specific low back pain. There is an absence in documentation and physical exam to

support any significant pathology that would require investigation with a CT scan. It was felt that he had facet mediated pain. A CT scan is not necessary for investigation of facet mediated pain. Therefore, the medical necessity of this request is not established.