

Case Number:	CM14-0021333		
Date Assigned:	05/05/2014	Date of Injury:	07/15/2013
Decision Date:	07/21/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational Medicine and is licensed to practice in California. 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:

The patient is a 49-year-old male who has submitted a claim for other unspecified lumbar disorder, compression fracture not otherwise specified, and lumbar vertebra dislocation associated with an industrial injury date of July 15, 2013. Medical records from 2013-2014 were reviewed. The patient complained of mid lower lumbar region pain, grade 9/10 in severity. Physical examination showed painful lumbar spine movement with flexion. There was paravertebral muscle spasm, tenderness, tight muscle band, and trigger point on both sides. Straight leg raise test was negative. Motor strength and sensation was intact. Imaging studies were not available. Treatment to date has included Celebrex, Flexeril, Restoril, Toradol, Nucynta, aquatic therapy and physical therapy. Utilization review, dated February 3, 2014, denied the request for computed tomography (CT) scan of lumbar spine without contrast because no information was submitted regarding the patient's therapy history.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE LUMBAR SPINE WITHOUT CONTRAST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines, Low Back Chapter recommends CT scan for lumbar spine trauma with neurological deficit. In this case, a CT scan was requested because the x-ray was not conclusive in terms of healing of the vertebral fracture. However, official report of the imaging study was not available on the medical records submitted. Furthermore, there was no evidence of neurological deficit from the medical records submitted. There was no documentation of failed conservative treatment or any plans for surgery. The guideline criteria have not been met. Therefore, the request for computed tomography (CT) scan of the lumbar spine without contrast is not medically necessary.