

Case Number:	CM14-0031342		
Date Assigned:	06/20/2014	Date of Injury:	04/01/1993
Decision Date:	07/21/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 injured worker is a 58-year-old male with an injury reported on 04/01/1993. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/06/2014 reported that the injured worker complained of chronic pain in his lumbar spine. The physical examination of the injured worker's lumbar spine demonstrated restricted movement due to pain. Upon palpation of the lumbar spine, paravertebral muscle spasm, tenderness, and tight muscle band was noted. The injured worker was reported to have a positive straight leg raise test to the left side. Muscle strength to the injured worker's left lower extremity was 3/5 to 4/5 throughout; strength to right lower extremity was 5/5 throughout. The injured worker's diagnoses include postlaminectomy syndrome of the lumbar region; lumbar or lumbosacral disc degeneration; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; unspecified myalgia and myositis. The provider requested a cat scan to the lumbar spine due to the injured worker's last imaging was in 2009. It was also noted that the injured worker has had an increase in low back pain and radicular symptoms. The request for authorization was submitted on 03/07/2014. The injured worker's previous treatments were not included within the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAT Scan Lumbar Spine QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for cat scan lumbar spine qty: 1 is non-certified. The injured worker complained of chronic pain in his lumbar spine. The treating physician's rationale for a cat scan to the lumbar spine is due to increased pain and radicular symptoms. The california mtus/acoem guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [mri] for neural or other soft tissue, computed tomography [ct] for bony structures). There is a lack of objective findings or physiological evidence indicating specific nerve compromise per neurological examination to warrant imaging. Therefore, the request is non-certified.