

Case Number:	CM14-0031780		
Date Assigned:	03/21/2014	Date of Injury:	07/08/2013
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 66-year-old male who reported an injury on 07/08/2013. The injury reported was while bending over picking lemons; he felt a pinch in his left low back. The diagnoses include muscle spasm, sprain/strain of the lumbar spine. Previous treatments include an MRI and medications and an epidural steroid injection. Within the clinical note dated 09/13/2013, the injured worker complained of back pain. He described the pain as sharp and moderately severe. He rated his pain 4/10 in severity. Upon the physical examination the provider noted tenderness of the thoracolumbar spine. The provider indicated that there was no weakness of the lower extremity and no restriction of range of motion in the back. The provider noted the injured worker had deep tendon reflexes 2/4. Sensation was intact to light touch and pinprick in all dermatomes of bilateral lower extremities. The injured worker had a negative straight leg raise test. The provider requested for a CT scan of the dorsal spine. However, a rationale was not provided for review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN DORSAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183..

Decision rationale: The California MTUS/ACOEM Guidelines recommend an MRI or CT to validate diagnosis of nerve root compromise. Based on a clear history and physical examination findings, in preparation for invasive procedures, if there is no improvement after 1 month, they recommend a bone scan if a tumor or infection is possible. Guidelines do not recommend imaging before 4 to 6 weeks in absence of red flags. In this case, there is lack of significant objective neurological deficits including decreased motor strength, or a positive straight leg raise. The official MRI report notes no definite nerve root compromise. Therefore, the request for a CT scan dorsal spine is not medically necessary and appropriate.