

Case Number:	CM14-0034386		
Date Assigned:	06/20/2014	Date of Injury:	05/19/2000
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/19/2014

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 Illinois. 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 53 year old male who reported an injury on 05/19/2000. Mechanism of injury is unknown. The injured worker complained of low back pain rated at 6-7/10 on VAS and cervical pain at 5/10 on VAS. The injured worker also stated that the cold weather aggravated his pain. Physical examination findings revealed that cervical, occipital, periscapular, iliacs, upper gluteals diminished in severity. Lumbar range of motion was 60% on flexion and 20% on extension. Cervical range of motion to the right was 50% and 30% to the left. The injured worker has diagnoses of S/P L4-5 disc replacement, C4-5, C5-6 disc derangements, reactive depression, sleep impairment related to pain, fibromyalgia, hypogonadism, CRPS, lumbar facet syndrome and daytime sleepiness secondary to poor sleep. The injured worker has had facet injections and medication therapy in the past. Medications to include Cymbalta 90mg, OxyContin 40mg 2 tablets 2 times a day, Midrin, Soma, Percocet up to 40mg per day, Ambien, Trazodone 50mg, Senna S, Testosterone and Topamax 100mg. The treatment plan is for CT scan of the lumbar spine qty: 1.00. The rationale was not submitted for review. The request for authorization form was submitted by [REDACTED] MD.

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 quantity:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for CT scan of the lumbar spine qty: 1.00 is non-certified. The injured worker complained of low back pain rated at 6-7/10 on VAS and cervical pain at 5/10 on VAS. The injured worker also stated that the cold weather aggravated his pain. The California Medical Treatment Utilization Schedule (MTUS) (ACOEM) guidelines state that the injured worker should have evidence of back pain of at least three months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment and/or is a candidate for surgery. The reports submitted for review lack any substantial evidence that the injured worker underwent conservative care and that it was ineffective. There also lacked a detailed psychosocial assessment of the injured worker showing cause for CT. Most recent progress note dated 02/25/2014 revealed evidence that the injured worker had diminished pain by 50% since lumbar epidural injections and was able to walk, drive, garden and do chores at home. There were no objective findings showing that the injured worker was worsening. As such, the request for CT scan of the lumbar spine qty: 1.00 is non-certified.