

Case Number:	CM14-0041531		
Date Assigned:	06/20/2014	Date of Injury:	06/01/2012
Decision Date:	10/01/2014	UR Denial Date:	03/03/2014
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 patient is a 63 year old male who was injured on 06/01/2012. The mechanism of injury is unknown. Prior treatment history included lumbar epidural steroid injection which provided 50% pain relief but the effects were short term. Past medication history included Fexmid, Norco and Protonix. Diagnostic studies reviewed included MRI of the lumbar spine dated 11/22/2013 revealed a 3 mm disc protrusion with abutment of the S1 nerve roots bilaterally at L5-S1 and L5 nerve roots bilaterally with associated facet arthropathy. At L4-5, there is a 3 mm disc protrusion with abutment of the L5 nerve roots bilaterally with associated facet arthropathy. At L3-4, there is a 3 mm disc protrusion with bilateral neural foraminal stenosis with abutment of the left L3 nerve root. Progress note dated 07/23/2014 states the patient presented with persistent low back pain with radicular symptoms to bilateral lower extremities with associated numbness to both lower extremities and numbness in both feet. He rated her pain as 7/10. On exam, the lumbar spine revealed flexion at 60; extension at 25; left lateral bend at 25; and right lateral bend at 25. Neurologically, deep tendons revealed patella reflexes are 2/4 and Achilles tendon reflex at 1/4. The patient is diagnosed with lumbar myoligamentous injury with bilateral lower extremity radicular symptoms; bilateral sensory neural hearing loss; medication induced gastritis. The patient was recommended for CT of the lumbar spine. Prior utilization review dated 03/03/2014 states the request for Post-Discogram CT scan of the lumbar spine, without contrast is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Discogram CT scan of the lumbar spine, without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per guidelines, CT of the lumbar spine may be indicated in spinal trauma with neurological deficits; Chance fracture; in traumatic or infectious myelopathy; evaluating pars defect not shown on x-ray; evaluating successful fusion if plain X-rays do not confirm fusion. In this case, there is no evidence of fracture, myelopathy, neurological deficits. Furthermore, the MRI of the L/S spine dated 11/22/13 was conclusive. There is no mention of any specific reason for post-discogram CT in this case. Therefore, the request is considered not medically necessary.