

Case Number:	CM14-0048401		
Date Assigned:	06/25/2014	Date of Injury:	02/02/2005
Decision Date:	07/28/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 70 year old female injured on 02/02/05 due to restraining a child, injuring her low back, bilateral shoulders, and bilateral knees. The injured worker underwent bilateral knee replacement in 2005 and 2009. Clinical note dated 03/01/14 indicated the injured worker presented complaining of low back pain, bilateral shoulder pain, and bilateral knee pain. Physical examination revealed tenderness to palpation at L4-S1 with tenderness to palpation in right paraspinal musculature, tenderness to palpation of the shoulders, knees, with mild edema noted to bilateral medial knees. The initial request for CT scan lumbar spine was initially non-certified on 03/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Computerized Tomography (CT).

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, CT Scans are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain

film radiographs are negative. In this case, there is no indication in the documentation that the injured worker meets these criteria. Additionally, there is no information that the injured worker has suffered new injury or an exacerbation of the prior injury requiring further diagnostic studies. As such, the request for CT scan lumbar spine is not medically necessary and appropriate.