

Case Number:	CM14-0057363		
Date Assigned:	07/09/2014	Date of Injury:	11/13/2012
Decision Date:	09/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Neurological Surgery 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 57 year-old female who was reportedly injured on November 13, 2012. The mechanism of injury is noted as a motor vehicle collision. The most recent progress note dated March 30, 2014 indicates that there are ongoing complaints of low back pain. The physical examination was not presented. Diagnostic imaging studies were not made available for review. Previous treatment includes lumbar surgery, multiple medications, postoperative rehabilitation physical therapy, and pain management interventions. Psychiatric care was also provided. A request had been made for a computed tomography scan of the lumbar spine and was not certified in the pre-authorization process on April 18, 2014. It is also noted that there is a recommendation for a fusion procedure; however, it is not clear that has passed through the preauthorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine computed tomography (CT) scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The criteria for a computed tomography lumbar spine are recommended only if uncommon specific situations preclude magnetic resonance imaging. The progress notes indicate that a recent magnetic resonance imaging has been completed and that the nuances of the anatomy of the lumbar spine had been established. When noting that there is no clear clinical surgical indication, no evidence of translation, instability, infection or nerve root compromise; there is no data presented to support the medical necessity of a computed tomography scan given the imaging studies are completed.