

Case Number:	CM14-0057532		
Date Assigned:	07/09/2014	Date of Injury:	09/05/1995
Decision Date:	08/11/2014	UR Denial Date:	04/16/2014
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 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 injured worker is a 62-year-old male who reported an injury on 09/05/1995, the mechanism of injury was not provided. On 03/05/2014, the injured worker presented with low back pain with bilateral numbness and pain radiating to the feet. Upon examination, the injured worker had an antalgic gait and tenderness to palpation to the cervical and lumbar spine with spasm. There was diminished sensation to the right C8 dermatome and the bilateral L4, L5, and S1 dermatomes. The diagnoses were post shoulder surgery, status post lumbar fusion, degenerative disc disease of the lumbar spine with facet arthropathy and retrolisthesis at L1-2, L2-3, L3-4, lumbar radiculopathy, moderate canal stenosis L3-4, degenerative disc disease of the cervical spine with facet arthropathy, and chronic L1 compression fracture. Prior therapy included an epidural steroid injection, medications, and therapy. The provider recommended a CT scan of the lumbar spine. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

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 spin: Upheld

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

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), Low Back, CT.

Decision rationale: The request for CT scan of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that physiologic evidence indicating tissue insult or nerve impairment may warrant an imaging test, usually magnetic resonance imaging to evaluate neural or soft tissues, or computed tomography (CT) for bony structures. More specifically, the Official Disability Guidelines state that a CT scan would be considered. The included medical documentation lacked evidence of the injured worker's failure of conservative treatment to include medication and physical therapy. The provider's rationale for the requested CT scan was not provided. As such, the request is not medically necessary.