

Case Number:	CM14-0058137		
Date Assigned:	07/09/2014	Date of Injury:	04/25/2013
Decision Date:	08/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 31-year-old with a date of injury of 04/25/13. A progress report associated with the request for services, dated 04/14/14, identified subjective complaints of low back pain. Objective findings were abnormal for slight numbness related to L5. Motor and sensory function was normal. An MRI showed spondylosis at L5 and electrical studies were compatible with a radiculopathy at L5-S1. Diagnoses included symptomatic L5-S1 spondylolisthesis. Treatment had included physical therapy and oral analgesics. Surgery was contemplated and a CT was ordered to define a pars fracture. A Utilization Review determination was rendered on 04/28/14 recommending non-certification of CT Scan of the Lumbar Spine, with sagittal and coronal reconstruction as an outpatient.

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, with sagittal and coronal reconstruction as an outpatient.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines -Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that CT of the lumbar spine is indicated primarily to define abnormal bony abnormalities of the spine. The Official Disability Guidelines (ODG) state that CT is only recommended for: Thoracic spine trauma; equivocal or positive plain films, no neurological deficit; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Myelopathy, traumatic-Myelopathy, infectious disease patient; Evaluate pars defect not identified on plain x-rays; Evaluate successful fusion if plain x-rays do not confirm fusion. In this case, there is no documentation of plain x-rays to define a pars defect. Therefore, there is no documented medical necessity for a CT of the lumbar spine.