MAXIMUS Federal Services

Case Number:	CM14-0059468		
Date Assigned:	07/09/2014	Date of Injury:	09/05/2003
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational Medicine 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:

Patient is a 33 year-old female with date of injury 09/05/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/26/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation along the musculature of the upper lumbar area. There was no costo-vertebral angle tenderness to percussion. Patient presented no tenderness to palpation or decreased range of motion throughout the cervical or thoracic musculature. No radicular symptoms to either the upper or lower extremities were noted. Reflexes were within the normal range for both the upper and lower extremities. Straight leg test was negative. Diagnosis: 1. Lumbar degeneration 2. Myofascial pain syndrome 3. Bone pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the thoracolumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures).The patient is complaining solely of back pain without a radicular component. Her neurologic exam of the lower extremities is completely normal without evidence of radiculopathy. Therefore, CT of the thoracolumbar is not medically necessary and appropriate.