

Case Number:	CM14-0060504		
Date Assigned:	07/09/2014	Date of Injury:	01/17/2008
Decision Date:	10/02/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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, has a subspecialty in Pulmonary Diseases 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 50 year old male who reported injury on 01/17/2008 when he jumped into a shield and bank. The injured worker diagnoses included low back pain, chronic left buttock pain and chronic left lower extremity pain/paresthesia, epidural fibrosis of L5-S1 level surrounding the left S1 nerve root, chronic left radiculopathy. Past treatment included medications, surgery, and physical/aquatic therapy. Diagnostic testing included an MRI of lumbar spine without contrast on 03/15/2014 post L5-S1 laminectomy and discectomy with obliteration of the left lateral canal epidural fat, but without contrast material he could not exclude a small herniation, bilateral facet arthrosis with thickening ligamentum flavum, 1mm of anterolisthesis in L4-5, in L5-S1 findings of osteophytic ridging extending into the left lateral recess, the radiologist stated it appeared unchanged from the previous MRI. The injured worker underwent laminectomy /discectomy of left L5-S1 09/2009 date not provided. The clinical note dated 03/28/2017 noted the injured worker reported chronic low back pain and chronic left buttock pain and chronic left lower extremity pain with paresthesia rated 4-9/10 daily, the injured worker stated pain at the time of the visit was 2-3/10. The physician noted the injured worker had pain relief from Celebrex 200mg. Physical examination revealed moderate tenderness to palpation of the lumbar spine. The injured worker's trunk flexion and extension aggravated the back pain, and the left supine straight leg raise test was positive at 35 degrees with lower extremity pain. The injured worker had a positive Patrick's test which elicited severe pain over the left S1 joint which radiated down posterior left foot. Medications included Motrin 800mg, Celebrex 200mg. The treatment plan is for CT scan with contrast. The rationale for the request was not provided. The request for authorization was submitted on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for CT scan with contrast is not medically necessary. The injured worker reported chronic low back pain ranges from 4-9/10 daily, injured worker stated pain to 2-3/10 pain relief from Celebrex 200mg and chronic left buttock pain and chronic left lower extremity pain/paresthesia on 03/28/2014. The California MTUS/ACOEM guidelines state 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, CT scanning is for bony structures. There is a lack of documentation indicating the injured worker has significant objective neurologic deficit. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore the request for CT scan with contrast is not medically necessary.