MAXIMUS Federal Services

Case Number:	CM14-0063935		
Date Assigned:	07/11/2014	Date of Injury:	02/02/2005
Decision Date:	09/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 70 year old female who reported an injury to her low back when she was trying to lift a 13 year old child from a bench. The clinical note dated 03/02/14 indicates the injured worker continuing with complaints of low back pain. The note indicates the injured worker having undergone physical therapy, acupuncture, steroid injections, medications, and activity modifications. The injured worker described the low back pain as intermittently sharp and dull with radiating pain into the shoulders. Upon exam, tenderness was identified upon palpation at the facet regions from L3 to S2. Tenderness was also identified upon palpation at the paraspinal musculature. The injured worker was identified as having a positive straight leg raise at approximately 80 degrees. 4/5 strength was identified in the shoulder. 4-5/5 strength was identified throughout the lower extremities bilaterally. The electrodiagnostic studies completed on 03/28/14 revealed findings consistent with a bilateral lumbar radiculopathy. A left sided L4 and L5 involvement as well as a right sided L5 involvement was confirmed. The clinical note dated 03/28/14 indicates the injured worker demonstrating 4/5 strength in both lower extremities. Radiating pain was also identified from the low back into both lower extremities as well.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5.

Decision rationale: The request for a CT scan of the lumbar spine is medically necessary. The documentation indicates the injured worker complaining of low back pain with associated strength deficits in the lower extremities. There was also an indication that the injured worker has undergone formal physical therapy. Given the ongoing strength deficits associated with the lumbar region and taking into account the completion of all conservative treatments; therefore, a CT scan of the lumbar spine is indicated in order to provide the injured worker with a pathway to treatments. Therefore, this request is medically necessary.