

Case Number:	CM14-0065138		
Date Assigned:	07/11/2014	Date of Injury:	06/01/2010
Decision Date:	08/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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 California and is licensed to practice in Neurological Surgery. 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 36 year-old male who was reportedly injured on 6/1/2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 5/14/2014, indicates that there are ongoing complaints of low back pain and left leg swelling. The physical examination demonstrated good Coronal and sagittal alignment of the lumbar spine with healed incisions. No signs of infection. Good strength in the bilateral lower extremities, 1+ edema bilaterally. Diagnostic imaging study x-rays of the lumbar spine revealed L5-S1 inter-body construct posterior instrumentation, stable in comparison to previous examinations. No evidence of hardware failure/loosening. Previous treatment includes previous surgery, medication, and conservative care. A request was made for computed tomography lumbar spine without contrast, and was not certified in the pre-authorization process on 4/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One computed tomography scan of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers Compensation, Online edition, Low back, lumbar & thoracic chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), CT Scan.

Decision rationale: Computed tomography (CT) scans are not recommended except for indications below. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion. After reviewing the medical records provided it is noted the injured worker did have radiographs of the lumbar spine which showed no evidence of hardware loosening or failure, and the inter-body construct to be stable. Therefore, there is no clear-cut indication necessitating the use of CT scan, when routine radiographs confirm normal findings. As such, this request is deemed not medically necessary.