

Case Number:	CM14-0067142		
Date Assigned:	07/11/2014	Date of Injury:	10/04/2010
Decision Date:	08/11/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 Family Practice 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:

This is a 56 year old male claimant sustained a work injury on 10/4/10 involving the low back, right hip and right knee. He had a diagnosis of lumbar spondylosis, right knee arthritis and right hip arthritis. He had undergone lumbar spine surgery in September 2011. An MRI was performed in March 2014 which showed Y11-T12, L4-L4, L4-L5, L5-S1 facet degenerative changes and a prior hemilaminectomy. Prior EMG studies in 2012 showed radiculopathy in the L4-L5, L5-S1 region. A progress note on 4/9/14 indicated the claimant had 9/10 back pain which increases with all moving positions. Physical findings were notable for tenderness in the right flank and diminished sensation in the L5 dermatome and diminished reflexes in the left hamstring. The treating physician ordered a CT scan of the Lumbar spine due to subjective complaints and objective findings.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back, CT (computed tomography) Indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI is the test of choice for patients with prior back surgery. CT scan is recommended for those with suspected tumor, infection, or fracture. If MRI is unavailable and a surgery is planned, a CT is optional. In this case, the claimant had no plan for further surgery. An MRI was done a month prior. The exam findings and MRI were consistent. The reasoning for A CT scan was not specified beyond the claimant's exam findings. The request for CT of the lumbar spine is not medically necessary.