

Case Number:	CM14-0069688		
Date Assigned:	07/14/2014	Date of Injury:	03/07/2001
Decision Date:	09/15/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/14/2014

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 Preventive 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:

According to the records made available for review, the injured worker is a 69-year-old male with a 3/7/01 date of injury, and status post left total knee replacement in 2010, and status post left knee manipulation under anesthesia (undated). At the time (2/26/14) of request for authorization for CT scan lumbar spine, there is documentation of subjective (pain in left hip and leg) and objective (moderate allodynia noted in anterior aspect of fossa, no obvious weakness but iliopsoas and quadriceps difficult to assess because of patient's chronic pain, left straight leg raise generated pain in anterior thigh, knee, and into hip, patellar reflexes unobtainable due to prior surgeries, and ankle reflexes 1+) findings, current diagnoses (other complications due to internal joint prosthesis), and treatment to date (medications (including Norco), surgery, and physical therapy). Medical report identifies a plan to obtain a plain CT scan of the lumbar spine to see there is any component of spinal stenosis that could be causing some of the patient's pain. There is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and who are considered for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG Low Back (Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

Decision rationale: The MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of a CT. ODG identifies documentation of lumbar spine trauma (with neurological deficit, or seat belt (chance) fracture); myelopathy (neurological deficit related to the spinal cord) traumatic or infectious disease patient); to evaluate pars defect not identified on plain x-rays; and to evaluate successful fusion if plain x-rays do not confirm fusion, as criteria necessary to support the medical necessity of CT scan of the lumbar spine. Within the medical information available for review, there is documentation of a diagnosis of other complications due to internal joint prosthesis. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and who are considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for CT scan lumbar spine is not medically necessary.