

Case Number:	CM14-0076330		
Date Assigned:	07/16/2014	Date of Injury:	02/04/2010
Decision Date:	09/22/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 and Florida. 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 patient is a 47 year old male who was injured on 2/4/2010. The diagnoses are neck pain, low back pain and right hip pain. The past surgery history is significant for L3-L4 fusion in 2010. On 8/6/2013, [REDACTED] noted subjective complaints of worsening low back pain. There was no detailed examination note provided. There is no indication of the presence of any 'red flag' condition or neurological deficit. A Utilization Review determination was rendered on 4/29/2014 recommending non certification for CT of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography 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 - Low Back (updated 03/31/2014) Low Back - Lumbar and Thoracic (Acute and Chronic) CT - Computed tomography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter. Low Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that a CT scan can be utilized in the evaluation of the lumbar spine when there are clinical findings indicative of

worsening neurological condition or the presence of 'red flag' conditions. The record did not show subjective or objective findings indicative of sensory, reflex or motor deficits. There is no preliminary radiological report showing a worsening of lumbar spine pathology. The criteria for CT of the lumbar spine without contrast was not met. Therefore, the request is not medically necessary.