

Case Number:	CM14-0077229		
Date Assigned:	07/18/2014	Date of Injury:	04/15/1996
Decision Date:	09/24/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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 California and Nevada. 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 66 year old female who reported an injury to her low back. A clinical note dated 08/20/14 indicated the injured worker complaining of low back pain. A clinical note dated 03/15/13 indicated the injured worker rating low back pain 6/10. The injured worker reported issues completing her activities of daily living secondary to pain. Pain was diffuse in the upper buttocks bilaterally. Tenderness to palpation was diffuse. The injured worker utilized Mobic, Neurontin, and Zanaflex for pain relief. The operative note dated 11/05/13 indicated the injured worker undergoing left sided L5-S1 epidural injection. The operative note dated 03/18/14 indicated the injured worker undergoing L3, L4, L5, and S1 medial branch blocks. The utilization review dated 05/05/14 resulted in denial for CT scan of the lumbar spine as no objective findings were submitted confirming neurological deficits associated with the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan without contrast of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 49.

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

Decision rationale: The request for CT scan of the lumbar spine without contrast is not recommended. The injured worker complained of ongoing low back pain. CT scan is indicated for injured workers with ongoing complaints associated with neurological deficits. No information was submitted regarding reflex, sensation, or strength deficits in the lower extremities. Given this, the request is not indicated as medically necessary.