

Case Number:	CM14-0079559		
Date Assigned:	07/18/2014	Date of Injury:	11/25/2010
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 records presented for review indicate that this 58 year old gentleman was reportedly injured on November 25, 2010. The mechanism of injury is noted as a trip and falls while carrying 60 pounds of materials. The most recent progress note, dated October 3, 2012, indicates that there are ongoing complaints of bilateral knee pain. There were no complaints of low back pain on this date. The physical examination demonstrated tenderness at the joint lines of the bilateral knees and decreased range of motion. Diagnostic imaging studies are unknown. Previous treatment includes left knee surgery and lumbar spine epidural steroid injections. A request was made for a CT of the lumbar spine using the Mazor protocol and was not certified in the preauthorization process on May 7, 2014.

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 using Mazor protocol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.rtc-vision.com/case-studies/mazor-robotics-ltd/>.

Decision rationale: According to the above cited guidelines, the Mazor protocol is an intraoperative procedure offering 3 dimensional reconstruction during surgery. A review of the medical records does not indicate that the injured employee's pending lumbar surgery. Considering this, a CT scan of the lumbar spine using the Mazor protocol is not medically necessary.