

Case Number:	CM14-0087608		
Date Assigned:	07/25/2014	Date of Injury:	07/30/1998
Decision Date:	09/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/11/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of July 30, 1998. A utilization review determination dated May 7, 2014 recommends noncertification for a CT scan of the lumbar spine. Flexion and extension x-rays of the lumbar spine were certified and a bone scan was not certified. An MRI report of the lumbar spine dated November 26, 2013 identifies extensive degenerative bone, disk, and joint changes associated with spinal stenosis, foraminal narrowing, and alignment abnormalities. A progress report dated March 14, 2014 identifies subjective complaints of low back pain with radiation into both legs. The patient also has numbness and tingling of the legs and feet. Physical examination reveals 5/5 strength in the upper and lower extremities with normal sensation. Diagnoses include back pain and leg pain. The treatment plan recommends a lumbar CT, bone scan, and flexion/extension of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT(computed tomography) Lumbar Spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Treatment Index, 12th Edition (web), 2014, Low Back-CT scan.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58. Decision based on Non-MTUS Citation (ODG) Low Back, CT (computed tomography).

Decision rationale: Regarding the request for CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, there are no physical examination findings consistent with radiculopathy. There is no mention of trauma, myelopathy, or a recent fusion. Additionally, there is no documentation of failed conservative treatment directed towards this patient's subjective complaints. Finally, it appears a recent MRI would likely be sufficient to explain the patient's current condition. In the absence of clarity regarding those issues, the currently requested computed tomography (CT) scan of the lumbar spine is not medically necessary.