

Case Number:	CM14-0088772		
Date Assigned:	07/23/2014	Date of Injury:	05/22/2001
Decision Date:	08/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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 & 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 65-year-old female was reportedly injured on May 22, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications include Norco and a Duragesic patch. The physical examination demonstrated sensitivity and tenderness over the buttocks and paraspinal muscles as well as the sacroiliac joints. A CT scan of the lumbar spine, dated May 28, 2008, showed moderate canal stenosis at L4-L5, annular bulging, and degenerative spondylolisthesis with advanced facet arthropathy. An x-ray of the lumbar spine showed osteopenia with acute compression fracture deformity with right sided L2-L3 and left sided L4 through S1 endplate osteophytes. There was an L4-L5 anterolisthesis. Previous treatment included an L5 laminectomy, acupuncture, and a spinal cord stimulator. A request had been made for a CT scan of the lumbar spine and was not certified in the pre-authorization process on June 4, 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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287.

Decision rationale: According to the American College of Occupational and Environmental Medicine, CT scan is not recommended in the absence of red flags or other changes in neurological function. An x-ray of the lumbar spine has been obtained, and there were no concerning findings on physical examination. For these reasons, this request for CT scan of the lumbar spine is not medically necessary.