

Case Number:	CM14-0092093		
Date Assigned:	09/12/2014	Date of Injury:	03/01/2007
Decision Date:	11/05/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/18/2014

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 Illinois. 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 67-year-old male who reported an injury on 03/01/2007. The mechanism of injury involved a fall. The current diagnoses include acquired spondylolisthesis and postlaminectomy syndrome of the lumbar region. The injured worker was evaluated on 04/07/2014 with complaints of intermittent lower back pain rated 7/10. The physical examination revealed reduced lumbar range of motion, tenderness to deep palpation of the lumbar paraspinal muscles bilaterally, hypertonicity, and intact sensation. The treatment recommendations at that time included continuation of the current medication regimen and a CT scan of the lumbar spine. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS ACOEM Practice Guidelines state if physiological evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a

consultant the selection of an imaging test to define a potential cause. The injured worker's physical examination on the requesting date only revealed limited range of motion with tenderness to palpation. There was no documentation of a significant functional limitation. The medical necessity has not been established. As such, the request is not medically necessary and appropriate.