

Case Number:	CM14-0094603		
Date Assigned:	07/25/2014	Date of Injury:	03/05/2007
Decision Date:	11/19/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/21/2014

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 Occupational Medicine 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:

The patient is a 63 year-old male with date of injury 03/05/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/05/2014, lists subjective complaints as pain in the low back with radicular symptoms down both legs. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the bilateral paravertebral muscles. Active range of motion was moderately limited to pain, especially with flexion and extension. There was decreased sensitivity to touch along the L4-S1 dermatomes in both lower extremities. Motor exam showed decreased strength of the extensor muscles and flexor muscles in the bilateral lower extremities. Straight leg raise in seated position was positive bilaterally at 70 degrees. MRI of the lumbar spine performed on 02/07/2011 was notable for mild to moderate facet joint arthropathy from L3-4 through L5-S1 levels and a 2mm broad-based disc protrusion at L4-5 with right neural foraminal stenosis. Diagnosis: 1. Cervical radiculopathy 2. Status post cervical spinal fusion 3. Chronic pain, other 4. Failed back surgery syndrome 5. Lumbar radiculopathy 6. Status post fusion, lumbar spine 7. GERD 8. Hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat CT (computed tomography) Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines), Treatment Index, 11th Edition (WEB) 2013-Low Back

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

Decision rationale: Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. If physiologic 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 (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). There is no documentation of any of the above indications for CT of the lumbar. Repeat CT (computed tomography) Scan of the Lumbar Spine is not medically necessary.