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| Case Number: | CM14-0121367 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 05/22/2014 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 44-year-old female who sustained an industrial injury on May 22, 2014. She has reported low back injuries and has been diagnosed with closed fracture of lumbar vertebra without mention of spinal cord injury. Treatment has included physical therapy. Currently the injured worker complains of constant pain in the low back that radiates into the left leg down into the left knee. The pain worsened with activity. The treatment request included computerized tomography scan of the lumbar spine, without contrast, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized tomography (CT) Scan of the Lumbar Spine, Without Contrast, as Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the ACOEM guidelines for imaging, a CT scan is recommended for bony structures if physiologic evidence indicates impairment. At present, the

patient report pain radiating down a leg. A CT scan is unlikely to be of significant benefit in elucidating the etiology of the IW pain. Therefore, the requirements for treatment have not been met, and medical necessity has not been established.