MAXIMUS Federal Services

Case Number:	CM14-0189587		
Date Assigned:	11/20/2014	Date of Injury:	09/29/2012
Decision Date:	02/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 9/29/2012 as she pulled a bag off a carousel. She was diagnosed with lumbar facet joint syndrome, cervical pain, and lumbosacral radiculitis. She was treated with acupuncture, medications, and epidural injections. On 8/19/14, the worker was seen by his primary treating physician reporting cervical spine pain, thoracic spine pain, and lumbar spinal pain and was requesting refills on her medications. Physical findings revealed increased range of motion of the "joints" and paraspinal tenderness and negative straight leg raise test. It was reported also that there was a decrease in kidney function seen on recent blood laboratory values and "? stone." She was then recommended a left kidney CT scan to rule out stone, to continue acupuncture, topical analgesics, have an internal medicine consultation, referral to neurosurgery, and see orthopedic physician for follow-up for cervical, thoracic, and lumbar spinal conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of left kidney: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, CT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Nephrolithiasis (http://emedicine.medscape.com/article/437096-overview).

Decision rationale: The MTUS Guidelines do not address CT scans to rule out kidney stones. Generally before considering any imaging for diagnosing kidney stones in a patient, there should be signs such as acute flank or abdominal pain and/or blood in the urine. In the case of this worker, there was no documented symptoms that were new that might have warranted a workup for kidney stones. However, labs drawn routinely picked up signs of kidney function changes and other clues (that were not disclosed and the results not provided for review) reportedly suggestive of kidney stone(s). Without any ability to assess the initial laboratory values that preceded the ordering of a CT scan, the reviewer cannot assess for medical necessity. Regardless, without a clear connection to the worker's kidney stones and her injury on 9/29/12, it is even more difficult for the reviewer to approve this imaging. Therefore, the CT scan will be considered medically unnecessary.