

Case Number:	CM14-0194963		
Date Assigned:	12/02/2014	Date of Injury:	02/03/2011
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family 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:

Injured worker is a 31 year old female with date of injury 2/3/11. The mechanism of injury is unknown. The diagnosis is Sciatica. Medical record 6/24/14 states worker complains of continued significant left lumbar radicular pain. She had followed up on 10/29/14. MRI showed a prominent midline bulge at L5-S1 with very little mass effect on the L5-S1 nerve and none on the central thecal sac or R nerves.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan with intrathecal injection, lumbar: 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): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG online, Myelography, CT myelography.

Decision rationale: CA MTUS low back does not support the request for CT scan. There is no evidence submitted in the record that patient has cauda equina, tumor, infection, fracture, or prior back surgery. ODG myelography and CT myelography does not support this request. It is not reasonable.

