

Case Number:	CM14-0196318		
Date Assigned:	12/04/2014	Date of Injury:	06/21/2013
Decision Date:	01/16/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 injured worker is a 62 year-old female, who sustained an injury on June 21, 2013. The mechanism of injury is not noted. Diagnostics have included: September 11, 2013 lumbar MRI reported as being normal. Treatments have included: physical therapy, acupuncture, medications. The current diagnoses are: lumbar strain, right lumbar radiculopathy, and lumbar stenosis. The stated purpose of the request for CT (compound tomography) lumbar as the patient is still symptomatic. The request for CT (compound tomography) lumbar was denied on October 31, 2014, citing a lack of documentation of new injury since previous lumbar MRI. Per the report dated September 26, 2014, the treating physician noted complaints of low back pain. Exam findings included lumbar tenderness with spasm and restricted range of motion, negative straight leg raising test, and patchy decreased sensation right lower extremity in L5 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (compound tomography) lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested CT (compound tomography) lumbar is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain. The treating physician has documented lumbar tenderness with spasm and restricted range of motion, negative straight leg raising test, patchy decreased sensation right lower extremity in L5 distribution. The treating physician has not documented evidence of an acute clinical change since previous lumbar spine imaging studies. The criteria noted above not having been met, CT (compound tomography) lumbar is not medically necessary.