MAXIMUS Federal Services

Case Number:	CM14-0041250		
Date Assigned:	06/20/2014	Date of Injury:	08/16/2004
Decision Date:	01/23/2015	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 Physical Medicine Rehab and is licensed to practice in Texas. 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 41-year-old male who reported an injury on 08/16/2004. The mechanism of injury reportedly occurred when an animal jumped on him and he was able to remove the animal. The clinical documentation, dated 01/07/2014, indicated that the injured worker's diagnosis included insomnia, lumbosacral spine herniated disc, lumbar radiculitis/neuritis, lumbar discopathy, status post surgery, right knee internal derangement, and mood disorder. His past treatments have included 3 right knee surgeries, an epidural steroid injection, and medications. Diagnostic studies were not provided within the submitted documentation. The clinical note, dated 01/27/2014, the injured worker complained of frequent low back pain radiating to the right foot with numbness and tingling, as well as weakness into the right leg. He rated the pain a 7/10. He further indicated that the pain was made worse with frequent standing, crouching, squatting, repetitive bending at the waist, and twisting, prolonged walking over 20 minutes, walking on uneven surfaces, as well as repetitive lifting and carrying objects over 10 pounds. Upon examination of the lumbar spine, +3 tenderness to palpation at the latissimus dorsi, thoracic and lumbar paraspinal musculature, as well as in the iliac crest and the posterior superior iliac spine were noted. Upon range of motion of the lumbar spine, flexion was at 20 degrees, extension 10 degrees, right lateral bending at 10 degrees, and left lateral bending at 10 degrees. Range of motion was further noted to be restricted in the lumbosacral spine due to pain. The Patrick/fabere test was positive bilaterally, lumbar facet test was positive bilaterally, supine straight leg raising test was positive at 10 degrees on the right. His current medication regimen was not provided. His treatment plan included Anaprox 550 mg 1 tablet, Dural 15 mg, Fexmid, Prilosec, Ultram ER, topical analgesic cream dispensed in the office, a request for CT scan of the lumbar spine, a request for an MRI of the right knee, a request for a urine drug screen, and a followup in 4 weeks for orthopedic re-evaluation. The rationale for the request for a CT scan of

the low back was to assess the sacroiliac joints and the degree of surgery. The Request for Authorization form was not included in the submitted documentation for review.This is a 41 year old male with a work injury dated 08/16/2004 . The mechanism of injury was documented as an animal jumping on him causing low back pain and right knee pain.. The injured worker (IW) stated he was sent to the hospital where he was given pills for inflammation and had x-rays performed. He was working at the time of the exam. Past surgical history included right knee surgery 2005, 2008 and 2011. He had an epidural injection in 2007. The IW was positive for deep venous thrombosis after last right knee surgery.The provider note dated 01/27/2014 documeneted the IW was complaining of low back pain rated 7/10 and right knee pain rated 8/10. The pain in the low back and right knee was described as sharp and stabbing, radiating into the right foot with numbness and tingling. The pain was made worse with standing, squatting, bending, walking and repetitive lifting. He stated the pain was made better with medications and avoidance of activity. Physical exam revealed a limp favoring the right leg. Examination of the thoracolumbar spine revealed a well-healed incision. There was three plus tenderness to palpation at the latissimus dorsi, thoracic and lumbar paraspinal muscles as well in the iliac crest and the posterior superior iliac spine. There was decreased range of motion in the lumbosacral spine due to pain. Patrick-Fabere test was positive bilaterally. Lumbar facet test was positive bilaterally. Supine straight leg raising test was positive at 10 degrees on the right. Examination of the right knee revealed three plus tenderness to palpation at the biceps femoris, semitendinosus, semimebranosus, sartorius, popilteus, rectus femoris, vastus medialis and lateralis muscles as well in the right patella, medial and lateral femoral condyle and right anterior cruciate ligament. McMurray's test with internal and external rotation was positive on the right. There were no x-ray reports submitted for review.Diagnosis included:- Lumbosacral spine herniated disc- Lumbar radiculitis/neuritis- Lumbar discopathy, status post-surgery- Right knee internal derangement- Mood disorderThe provider requested a CT scan of the low back. On 03/05/2014 utilization review issued a decision stating the CT scan was non-certified as it did not meet the criteria as outlined in Official Disability Guidelines. The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography)

Decision rationale: The request for CT scan of the low back is not medically necessary. The injured worker has chronic low back pain. The clinical documentation submitted for review was dated 01/27/2014. The clinical note further indicated neurological deficits as indicated by a positive straight leg raise test. The Official Disability Guidelines do not recommend computed

tomography except for indications of lumbar spine trauma with neurological deficits. However, the clinical documentation submitted for review is not current and does not provide evidence of the injured worker's current functional status. In the absence of the aforementioned documentation, the request for a CT scan of the low back is not supported by the evidence based guidelines. As such, the request for a CT scan of the low back is not medically necessary.