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| Case Number: | CM15-0006438 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 11/05/2011 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65-year-old male who reported an injury on 11/05/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. Treatment history included activity modifications, medications, and physical therapy that failed to provide any relief to the injured worker. The injured worker ultimately underwent lumbar fusion. Previously diagnostic studies included a lumbar CT and electrodiagnostic studies. The injured worker was evaluated on 11/21/2014. It was noted that the injured worker had low back pain radiating into the bilateral lower extremities. The injured worker's diagnoses included status post lumbar fusion of the L4-5 and L5-S1, chronic low back pain with radiculopathy, and depression and anxiety. The injured worker's treatment plan included medications, x-rays, an MRI, EMG/NCV, fusion surgery, and periodic physical therapy. A Request for Authorization was submitted on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the lumbar spine without dye: 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 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 Chapter, CT (computed tomography).

Decision rationale: The requested CT scan of the lumbar spine without dye is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address repeat imaging. The Official Disability Guidelines recommend repeat imaging when there are significant or progressive neurological changes to support a possible change in diagnosis. The clinical documentation submitted for review does indicate that the injured worker has persistent low back pain radiating into the lower extremities. However, there is no documentation that the injured worker has progressive symptoms to support the need for additional imaging. As such, the requested CT of the lumbar spine without dye is not medically necessary or appropriate.