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| Case Number: | CM15-0101052 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 10/04/2012 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old male, who sustained an industrial injury on 10/04/2012. He reported lifting machinery that weighed approximately 80 to 100 pounds when he noted an onset of back pain. The injured worker was diagnosed as having lumbar spine sprain/strain with radicular complaints and magnetic resonance imaging evidence of foraminal stenosis along with disc degenerative disc disease at lumbar four to five and lumbar five to sacral one. Treatment and diagnostic studies to date has included magnetic resonance imaging, five epidural steroid injections, physical therapy, and medication regimen. In a progress note dated 04/09/2015 the treating physician reports complaints of pain to the low back and legs with the left greater than the right. Examination reveals tenderness to palpation to the paralumbar muscles with tenderness at the midline thoraco-lumbar junction at lumbar four to five and lumbar five to sacral one facets, along with tenderness at the right greater sciatic notch. The injured worker also had muscle spasms, restricted range of motion secondary to pain, and weakness to the extensors. The treating physician noted an magnetic resonance imaging of the lumbar spine that was performed on 03/06/2014 that was revealing for chronic disc degeneration at lumbar four to five and lumbar five to sacral one, bilateral foraminal stenosis at lumbar four to five with the left greater than the right with lumbar four radiculopathy, bilateral foraminal stenosis at lumbar five to sacral one, and mild facet arthrosis in the mid upper lumbar spine. The treating physician requested computed tomography scan of the lumbar spine to rule out pars fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) of the Lumbar spine: 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 - CT Indications for imaging - Computed tomography.

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

Decision rationale: Per MTUS guidelines, lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI]) for neural or other soft tissue. This request pertains to the evaluation of a pars defect, however, plain xrays have not been obtained. The request for CT (computed tomography) of the lumbar spine is determined to not be medically necessary.