

Case Number:	CM15-0014361		
Date Assigned:	03/23/2015	Date of Injury:	07/01/2005
Decision Date:	04/15/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/26/2015

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: Connecticut, California, Virginia
 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 44 year old female, who sustained an industrial injury on July 1, 2005. She reported low back pain. The injured worker was diagnosed as having lumbar degenerative joint disease, lumbar degenerative disc disease, lumbar neuritis/radculitis, lumbar post-laminectomy syndrome, chronic low back pain, status post lumbar fusion and status post lumbar revision. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the lumbar spine, conservative therapies, pain medications and work restrictions. Currently, the injured worker complains of low back pain. The injured worker reported an industrial injury in 2005, resulting in the above noted chronic pain. She was treated conservatively and surgically without resolution of the pain. Evaluation in December, 2014, revealed continued pain. An updated magnetic resonance image and computed tomography of the knee was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web), 2014, Low Back, CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 177-78; 303-304.

Decision rationale: The MTUS discusses recommendations for imaging in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. In this case, there is no clear evidence of a substantial change in clinical findings since prior CT scan. Additionally, there is no indication of reasoning for the value of repeat CT scan for structural assessment in addition to MRI and plain films at this time. Without further details or more substantial clinical indications for CT scan in addition to MRI and plain films based on physical exam, concern for specific structural changes, etc., the request for CT scan at this time cannot be considered medically necessary per the guidelines.