

Case Number:	CM15-0138344		
Date Assigned:	07/28/2015	Date of Injury:	03/01/2012
Decision Date:	08/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, 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 applicant is a represented 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 1, 2012. In a utilization review report dated June 26, 2015, the claims administrator failed to approve a request for a CT scan of the lumbar spine. The claims administrator referenced an RFA form received on June 26, 2015 in its determination. The claims administrator stated that the decision was based on non-MTUS Third Edition ACOEM Guidelines but did not reference or cite said guidelines in its rationale. A May 19, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On said May 19, 2015 progress note, the applicant reported ongoing complaints of low back pain. The applicant was on Norco, Prilosec, and tramadol it was reported. The applicant had undergone two failed lumbar spine surgeries and was apparently off of work, on total temporary disability, it was acknowledged. The applicant had not worked since March 2012, it was reported. 9/10 low back pain complaints were reported with associated burning and shooting-type pains about the bilateral legs. Multiple activities, including pushing, pulling, lifting, and carrying, were problematic. The applicant had developed derivative complaints of depression, anxiety, insomnia, headaches, and weight gain, it was alleged. The applicant reported difficulty walking greater than a few blocks and/or negotiating stairs. The applicant had difficulty doing his own groceries, it was further noted. The applicant exhibited 3/5 lower extremity motor function in all muscle groups tested bilaterally, it was reported. Dysesthesias about the feet were also appreciated. CT imaging of the lumbar spine was sought. Multiple medications were renewed. It was not stated how (or if) the proposed CT scan would influence or alter the treatment plan. On June 30, 2015, the attending provider asked that he be provided with the results of historical CT scans. Once again, there was no mention of the applicant's willingness to consider further surgery at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Lumbar with Sagittal Coronal Reconstruction with 2mm cuts: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: No, the request for a CT scan of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, progress notes of May 19, 2015 and June 30, 2015 neither explicitly stated nor implicitly suggested that the applicant would act on the results of the CT scan in question and/or consider further surgical intervention based on the outcome of the same. It was not explicitly stated that either the attending provider or the applicant was intent on pursuing further spine surgery on or around the dates in question. Therefore, the request was not medically necessary.