MAXIMUS Federal Services

Case Number:	CM15-0139743		
Date Assigned:	07/29/2015	Date of Injury:	02/29/1996
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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 68-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 29, 1996. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for CT imaging of the lumbar spine. The claims administrator referenced an RFA form received on June 25, 2015 and an associated progress note of June 17, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was in fact dated May 8, 2015; thus, the June 17, 2015 progress note which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. On May 8, 2015, the applicant reported ongoing complaints of right shoulder pain. The applicant received a right shoulder corticosteroid injection. There was no mention made of low back pain or the lumbar CT scan at issue.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: No, the proposed CT scan of the lumbar spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 does score CT imaging at 3/4 in its ability to identify and define suspected disk protrusions and 3/4 in its ability to identify and define suspected spinal stenosis, here, however, it was not stated what was sought. It was not stated what was suspected. The June 17, 2015 progress note on which the request was initiated was not seemingly incorporated into the IMR packet. The historical information on file made no mention of the CT scan at issue and, thus, failed to support or substantiates the request. Therefore, the request is not medically necessary.