

Case Number:	CM15-0140010		
Date Assigned:	07/29/2015	Date of Injury:	11/25/1999
Decision Date:	08/31/2015	UR Denial Date:	07/07/2015
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, Illinois

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 56 year old male who sustained an industrial injury on 11-25-99. Treatments to date include two lumbar spine surgeries, physical therapy, epidural injections, aqua therapy. Current complaints include constant lumbar spine pain, radiation to both legs. Current diagnoses include cumulative trauma due to repetitive motion, and lumbar radiculopathy. In a progress note dated 06-18-15 the treating provider reports the plan of care as a CT scan of the lumbar spine, electrodiagnostic studies of the lower extremities, and a pharmacy consultation with pain management. The requested treatment includes a CT scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One CT (computerized tomography) scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 59. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): CT (computed tomography).

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

Decision rationale: The injured worker sustained a work related injury on 11-25-99. The medical records provided indicate the diagnosis of cumulative trauma due to repetitive motion, and lumbar radiculopathy. Treatments have included two lumbar spine surgeries, physical therapy, epidural injections, aqua therapy. The medical records provided for review do not indicate a medical necessity for One CT (computerized tomography) scan of the lumbar spine. The medical records indicate the injured worker has been suffering from left lower extremity weakness and numbness since about 2002. The medical records do not indicate progressive neurological deficit; there were no other red flag features. The MTUS recommends imaging when there is unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and who would consider surgery an option; or when there are red flag features. In the absence of this, the MTUS recommends against indiscriminate imaging to avoid diagnostic confusion, like findings this that are not related to the injury. The request is not medically necessary.