

Case Number:	CM15-0144256		
Date Assigned:	08/05/2015	Date of Injury:	10/16/2012
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on 10-16-12. The injured worker has complaints of pain in back and head. The documentation noted that the injured workers pain limited range of motion of the lumbar spine. There is tenderness to bilateral S1 (sacroiliac) joints and on the left greater trochanteric tenderness to palpation. The diagnoses have included lumbosacral strain. Treatment to date has included lyric; cymbalta; norco; omeprazole; tramadol and tylenol. The request was for computerized tomography (CT) scan without contrast for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan without contrast for 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 (ODG), Low Back, - Lumbar & Thoracic (Acute & Chronic), CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter under CT scans.

Decision rationale: This patient presents with chronic low back pain. The current request is for a CT scan without contrast for the lumbar spine. Treatment to date has included cognitive behavior therapy, IDET procedure 2005, LESI, status post endoscopic discectomy and femoral annuloplasty 02/03/05, and medications. The patient is TTD. MTUS/ACOEM chapter 12, low back, pg 303-305, under Special Studies and Diagnostic and Treatment Considerations states: 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, computed tomography [CT] for bony structures). Regarding CT scans for the lumbar, (ACOEM), 2nd Edition, (2004) Chapter 12 pg. 309, Back Chapter states the following on Table 12-8. Summary of Recommendations for Evaluating and Managing Low Back Complaints: Clinical Measure, Imaging: Recommended: CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ODG Guidelines under the low back chapters states that CT scans are not recommended, except for trauma and neurological deficits. CT scan are indicated when tumor, infection, or fracture are strongly suspected per ODG. X-ray of the lumbar spine from 10/16/12 revealed no evidence of acute traumatic injury and no fracture identified. MRI of the lumbar spine from 12/10/12 revealed L5-S1 and L4-5 moderate DDD with 2-3mm annular disc bulge. EMG/NCV of the bilateral lower extremities from 07/28/04 revealed normal results. Repeat EMG/NCV from 02/14/15 of the BLE was again normal. According to progress, report 03/02/15, the patient presents with low back pain that radiates into the buttocks with numbness. Examination revealed mostly localized pain in the lower back with decreased ROM. The treater states that the patient has chronic back pain for over two years and "her MRI does not show any obvious surgical cause but is suspicious for a pars defect." Therefore, the treater ordered a CT scan. In this case, there is no discussion pertaining to suspicion of cauda equina, tumor, infection, or fracture, for which CT scans would be indicated. The treater is concerned about the pars defect, which can be visualized with a set of oblique view X-rays. The injury dates back a few years and there is no suspicion of a recent injury for a fracture. This request IS NOT medically necessary.