

Case Number:	CM15-0149532		
Date Assigned:	08/13/2015	Date of Injury:	06/29/1999
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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 66 year-old male who sustained an industrial injury on 06-29-2000. Initial diagnoses and treatments are not available. Current diagnoses include status post lumbar fusion, lumbar adjacent level degeneration, and lumbar disc protrusion with radiculopathy. Diagnostic testing and treatment to date has included EMG, x-ray of the lumbar spine, and symptomatic medication management. Currently, the injured worker complains of lower back pain with radiculopathy. In a progress note dated 05-08-15, the treating physician reports examination of the lumbar spine is positive for tenderness to palpation over the bilateral paraspinal muscles. Range of motion is decreased. There is decreased sensation to light touch of the bilateral legs. Previous EMG-NCV results of 10-21-14 showed left lower extremity radiculopathy. Requested treatments include CT of the lumbar spine. The injured worker is under modified work restrictions. Date of Utilization Review: 07-02-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Disorder, Special Studies and Diagnostic and Treatment Considerations, pages 303-305.

Decision rationale: Per ACOEM Treatment Guidelines for Low Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested CT scan of the Lumbar Spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and recent change on diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the Lumbar spine nor document any specific changed or progressive neurological clinical findings to support repeating this imaging study per multiple submitted reports. There is no documented acute-flare up, defined progressive deficits, ADL limitations, or report of any new injury to support repeating the imaging study for this chronic injury of 2000 s/p lumbar fusion in 2006. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT Scan lumbar spine is not medically necessary and appropriate.