

Case Number:	CM15-0184216		
Date Assigned:	09/24/2015	Date of Injury:	05/19/2000
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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(n) 63 year old male, who sustained an industrial injury on 5-19-00. The injured worker was diagnosed as having lumbar degenerative disc disease. The physical exam on 9-22-14 revealed a normal gait, normal sensory in the bilateral lower extremities and normal reflexes. Treatment to date has included lumbar spine surgery x 3, a lumbar CT scan on 8-11-15 showing mild disc bulging at L2-L3 and L3-L4 with no central canal compromise, Norco, Tramadol and Baclofen. As of the PR2 dated 6-9-15, the injured worker reports lower back aching pain radiating from his right buttock to his posteriorlateral thigh and right anterior knee. He rates his pain 7 out of 10. The treating physician noted normal sensory in L2-S1. The treating physician requested a CT scan of the lumbar spine without contrast. The Utilization Review dated 9-4-15, non-certified the request for a CT scan of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 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, computer tomography [CT] for bony structures). In this case, the injured worker underwent a recent lumbar fusion. On 8/11/15, a lumbar CT and a lumbar MRI were obtained. These special studies confirmed a successful lumbar fusion and the injured worker has had no new complaints. It is unclear why a repeat CT scan is being requested between August and October of 2015, therefore, the request for CT Scan of the lumbar spine without contrast is determined to not be medically necessary.