

Case Number:	CM15-0190405		
Date Assigned:	10/02/2015	Date of Injury:	07/09/2010
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47-year-old female, who sustained an industrial injury on July 9, 2010, incurring lower back injuries. She was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. Treatment included pain medications, diagnostic imaging, and restricted activities. She underwent a surgical bilateral lumbar fusion surgery in 2012. Currently, the injured worker complained of ongoing lower back pain radiating into the left lower extremity. She had increased spasms in the lumbar region. She noted difficulty ambulating due to the lower extremity pain. She had difficulty standing and walking for long periods of time. There was limited range of motion of the lower spine. The injured worker underwent a lumbar laminectomy on November 26, 2014. The treatment plan that was requested for authorization on September 28, 2015, included a computed tomography scan of the lumbar spine. On September 3, 2015, computed tomography scan of the lumbar spine was denied by utilization review.

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 Low Back Complaints 2004.

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

Decision rationale: According to the ACOEM guidelines, a CT of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had a prior fusion but persistent symptoms that the claimant had can remain. There was no mention of request from a spine surgeon. The request for a CT of the lumbar spine is not medically necessary.