

Case Number:	CM15-0194514		
Date Assigned:	10/08/2015	Date of Injury:	06/23/2000
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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:

This is a 57 year old female with a date of injury on 6-23-00. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back and pelvic pain. Progress report dated 8-24-15 reports continued complaints of back pain, right hip pain, mechanical impingement right hip, worsening back and right leg pain, right leg numbness weakness. Objective findings: positive impingement test right hip, right leg motor 4 out of 5 and decreased sensitivity. She had several surgeries in 2002, 2003, 2004 and 2005. MRI (2003) revealed L3-4 stenosis. Request for authorization dated 8-25-15 was made for CT scan of the lumbar spine. Utilization review dated 9-2-15 non-certified the request.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Indications for imaging - computed tomography.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter and pg 18.

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. It is also indicated in order to evaluate a fusion and reason for worsening symptoms. In this case, the physician was concerned about an incomplete fusion and evaluation of screws. Prior MRI was not helpful. The request for a CT of the lumbar spine is appropriate.