

Case Number:	CM15-0198633		
Date Assigned:	10/14/2015	Date of Injury:	05/16/1997
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on 5-16-97. Medical records indicate that the injured worker is undergoing treatment for failed back surgery with left radiculopathy, left foot drop, a left ankle fracture and right knee internal derangement. The injured worker was noted to be retired. On (8-25-15, 7-28-15 and 6-26-15) the injured worker reported an acute flare-up of low back and leg pain. The injured worker was noted to have exhausted her supply of medications. Examination of the lumbar spine revealed tenderness throughout the lumbar musculature with mild to moderate muscle spasms. Range of motion was decreased and painful with movement. Treatment and evaluation to date has included medications, left lower extremity brace and aqua therapy. Current medications include Baclofen, Lyrica and Vitamin K2. The request for authorization dated 8-25-15 is for a CT scan of the lumbar spine. The Utilization Review documentation dated 9-14-15 non-certified the request for a CT scan of 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 of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer 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).

Decision rationale: The claimant has a remote history of a work injury occurring in May 1997 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. In March 2015 she had recently fallen and fractured her left ankle. In May 2015 she was using a walker. In June 2015 she was participating in aquatic therapy. When seen in August 2015, she had run out of medication. She was having an acute flare up of low back, leg, and knee pain. She had a left lower extremity brace that was not working properly. Physical examination findings included decreased and painful lumbar spine range of motion with mild to moderate muscle spasms and tenderness. There was moderate right knee tenderness with decreased range of motion and pain. Authorization was requested for medications, a new left lower extremity brace, and for a CT scan of the lumbar spine. An MRI of the lumbar spine in July 2013 is referenced as showing post-laminectomy surgical changes with foraminal narrowing and facet hypertrophy. Guidelines address the role of a CT scan of the lumbar spine with applicable criteria including that additional imaging is needed after obtaining plain film x-ray. In this case, there is no evidence by x-rays of the lumbar spine that would meet the criteria for obtaining the requested CT scan which is not medically necessary.