

Case Number:	CM15-0199916		
Date Assigned:	10/15/2015	Date of Injury:	03/06/2003
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/12/2015

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 53 year old male, who sustained an industrial injury on 3-6-2003. The injured worker is undergoing treatment for lumbar degenerative disc disease (DDD). Medical records dated 9-1-2015 indicate the injured worker complains of neck and back pain. He reports the back pain radiates to left leg with numbness in the toes. Pain is rated 7-8 out of 10 and unchanged. Physical exam dated 9-1-2015 notes normal gait, decreased left leg strength and radiating pain on the left with straight leg raise. Treatment to date has included Zanaflex, Ambien, Percocet and Oxycontin. The injured worker indicates he drinks about a 6 pack 3-4 times a week for pain. Exam dated 9-1-2015 indicates 4-17-2015 lumbar magnetic resonance imaging (MRI) impression mild multilevel degenerative changes and moderate right neural foraminal narrowing. The original utilization review dated 9-14-2015 indicates the request for computed tomography (CT) scan of the lumbar spine without contrast to rule out foramen stenosis and progression of disc degeneration or stenosis as a cause of the increasing symptoms of back and leg pain is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography (CT) scan of the lumbar spine without contrast to rule out foramen stenosis and progression of disc degeneration or stenosis as a cause of the increasing symptoms of back and leg pain: Upheld

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

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

Decision rationale: According to the guidelines, CT scans of the lumbar spine are indicated for the following: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit- Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, infectious disease patient. Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the claimant did not have the elements noted above. The claimant had an MRI 5 months prior as well as x-rays with only mention of degenerative changes. The request for a CT to evaluate for progression in disc degeneration is not medically necessary.