

Case Number:	CM15-0203549		
Date Assigned:	10/20/2015	Date of Injury:	01/23/2015
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 44 year old female injured worker suffered an industrial injury on 1-23-2015. The diagnoses included lumbar sprain-strain. On 7-27-2015 the orthopedic provider reported persistent back pain. The back pain frequently radiated over the right lower limb on the posterolateral surface of the right thigh and calf area and dorsolateral surface and anterolateral surface of the right foot long with tingling and numbness over the right limb rated at worst 8 out of 10. On exam the lumbar spine and right sciatic notch were tender with positive right sitting and supine straight leg raise along with positive femoral stretch. The lumbar magnetic resonance imaging 3-6-2015 revealed degenerative facet joint arthritis and degenerative bulging disc. The provider noted the diagnoses to be lumbar spondylosis with degenerative disc and narrowing neural foramina and low back pain with lower limb radiculopathy. On 9-3-2015 the secondary provider reported constant severe low back pain with stiffness, numbness, tingling weakness and cramping Prior treatment included physical therapy and epidural steroid injection 6-19-2015 (that worsened symptoms) Gabapentin, and Cyclobenzaprine. Request for Authorization date was 8-24-2015. The Utilization Review on 9-16-2015 determined non-certification for CT scan lumbar spine.

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.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 section,
Computed tomography (CT).

Decision rationale: Pursuant to the Official Disability Guidelines, CT scan of the lumbar spine is not medically necessary. Magnetic resonance imaging has largely replaced cubit tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multi-planar capability. The new ACP/APS guideline states CT scanning should be avoided without a clear rationale for doing so. Indications for CT scanning include, but are not limited to, thoracic spine trauma with neurologic deficit, equivocal or positive plain films with no neurologic deficit; lumbar spine trauma with neurologic deficit; etc. In this case, the injured worker's working diagnoses are thoracic/lumbosacral neuritis/radiculitis unspecified; and lumbar sprain strain. The date of injury is January 23, 2015. Request for authorization is August 24, 2015. According to a chiropractic first provider's report dated June 29, 2015, the injured worker's subjective complaints included low back pain radiating to the right leg. There was neck pain. Pain score was 8/10. Objectively, lumbar spine range of motion was decreased 20%. There was tenderness to palpation at the L2 to L5 spinous processes. There is no neurologic evaluation/examination in the medical record. There is no neurology or neurologic consultation in the medical record. The documentation contains an MRI of the lumbar spine dated March 6, 2015. Results showed degenerative facet arthritis at L3 - L4, L4 - L5, and L5 - S1, degenerative bulging disc 2 mm at L3 - L4, 3 mm at L4 - L5, and 5 mm at L5 - S1. The documentation also contains a CAT scan of the lumbar spine dated March 6, 2015. The results showed lumbar spondylosis L3 - L4, L4 - L5 and L5 - S1. At L5 - S1, there was a 5 mm posterior disc protrusion. Moderate narrowing of the neural foramen bilaterally. At L4 - L5, 3 mm posterior disc protrusion. At L3 - L4, a mild 2 millimeter posterior disc bulge. According to progress note dated August 24, 2015, the injured worker continued to have complaints of low back pain with stiffness and weakness. Objectively, there was decreased range of motion and tenderness to palpation at the lumbar spine. There is no clinical indication or rationale for a repeat CAT scan of the lumbar spine considering one was performed March 6, 2015. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no significant change in subjective complaints or objective clinical findings and documentation of a CAT scan performed March 6, 2015, CT scan of the lumbar spine is not medically necessary.