

Case Number:	CM15-0205490		
Date Assigned:	10/22/2015	Date of Injury:	01/22/2008
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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: Pennsylvania
 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 52 year old male, who sustained an industrial injury on January 22, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having exacerbation of L5 radiculopathy right, chronic low back pain syndrome with exacerbation, history of intermittent lumbar radiculopathy, status post laminectomy posterolateral fusion and instrumentation, status post removal of instrumentation, history of chronic intermittent neck pain with recent exacerbation, cervical spondylotic radiculopathy on the left-resolved and herniated nucleus pulposus C6-C7. Treatment to date has included medication, surgery and physical therapy. On October 1, 2015, the injured worker complained of a recent flare-up of his low back pain. He noted that the pain in his back had been constant for the past month prior to exam date. The injured worker also reported occasional leg pains radiating into the calves and an occasional headache. He described the strength in his legs as weak. Physical examination of his low back revealed three plus tenderness and two plus spasm. There was "severe limitation" in range of motion noted. The injured worker received injections at the area of trigger point discomfort (lidocaine, Marcaine and Depo-Medrol). The treatment plan included x-rays of his lumbar spine, CT scan of his lumbar spine, visit with another treating physician for second opinion for possibility of pseudarthrosis of lumbar spine and a follow-up visit. On October 13, 2015, utilization review denied a request for 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 the 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, CT (computed tomography).

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

Decision rationale: According to the ACOEM, indications for imaging of the low back with CT are when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. MRI is the test of choice for patients with prior back surgery. Myelography or CT myelography for preoperative planning is indicated if MRI is unavailable. This worker has chronic low back pain syndrome and radiculopathy and had previous laminectomy. There is no indication that diagnoses listed above for which CT would be indicated are being considered. There is no report of a plain film, which is required before determining the necessity of CT. The request is not medically necessary.