

Case Number:	CM15-0209553		
Date Assigned:	10/28/2015	Date of Injury:	02/20/2013
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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

Certification(s)/Specialty: Emergency 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 62 year old female injured worker suffered an industrial injury on 2-20-2013. The diagnoses included lumbar spine arthrodesis with radiculopathy 2-24-2014, cervical strain-sprain and mid back strain-sprain. On 8-6-2015 the provider reported pain in the low back with pain that radiated to the legs. On exam the cervical spine had tightness, spasms and muscle guarding. The lumbar spine had positive Lasegue's test and positive straight leg raise. The medical record did not include rationale for the requested computed tomography of the lumbar spine. Utilization Review on 9-30-2015 determined non-certification for 1 CT scan of the lumbar spine with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT scan of the lumbar spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

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

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. A CT was already done on 4/9/14. There is no documented change in baseline pain and radicular symptoms. Provider has failed to document any rationale for requested test. CT scan of lumbar spine is not medically necessary.