

Case Number:	CM15-0030994		
Date Assigned:	02/24/2015	Date of Injury:	10/09/2010
Decision Date:	04/09/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation

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 48-year-old female, who sustained an industrial injury on 10/09/2010. She has reported low back pain. The diagnoses have included chronic low back pain, with left lower extremity radiculopathy; lumbosacral spinal degenerative disc disease; and bilateral greater trochanteric bursitis. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Gabapentin, Vicodin, and Flexeril. A progress note from the treating physician, dated 02/18/2015, documented a follow-up visit with the injured worker. The injured worker reported constant bilateral low back pain, greater to the left, that is increased in relation to all activities; and left lateral hip pain. Objective findings included increased limp on the left; tenderness on palpation of the left greater trochanter; back range of motion is limited and pain is reproduced at the extremes. Request is being made for a CT (Computed Tomography) of the Lumbar Spine L3-S1. On 01/19/2015 Utilization Review noncertified a prescription for CT Scan Lumbar Spine L3-S1. The CA MTUS, ACOEM was cited. On 02/18/2015, the injured worker submitted an application for IMR for review of a CT Scan Lumbar Spine L3-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Lumbar Spine L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, CT scans.

Decision rationale: This patient is status post decompression of the L4-5 level on 7/17/14 and presents with low back pain with tenderness and decreased range of motion. The current request is for CT scan lumbar spine L3-S1. There is no Request for Authorization (RFA) provided in the medical file. ACOEM Guidelines page 309 states under CT, recommendation is made when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. ODG Guidelines under the low back section states that CT scans are not recommended, except for trauma with neurological deficits. CT scans are indicated when tumor, infection, or fracture are strongly suspected. The treating physician is requesting a CT scan of the lumbar spine to assess whether she has developed adequate fusion or delayed fusion. CT scans are indicated when tumor, infection, or fracture are strongly suspected and there are no such concerns expressed. The requested CT IS NOT medically necessary.