

Case Number:	CM15-0041166		
Date Assigned:	03/11/2015	Date of Injury:	10/23/2009
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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:

This 44 year old female sustained a work related injury on 10/23/2009. According to a progress report dated 01/26/2015, the injured worker complained of severe low back pain in her sacroiliac joint that comes and goes, rash three times during the week prior due to uncontrolled bone growth, pain in sacrum 3 weeks, sharp stabbing pain into buttocks, radiating pain into front of left thigh, shooting pain in left lower leg, feeling more tired, weak in leg and weakness in thigh muscles, anxiety and some relief with pain medications. Diagnoses included lumbar degenerative disc disease status post fusion 06/08/2012, tendinitis internal derangement bilateral knees, tendinitis right ankle and anxiety/distress. The provider noted that due to her complex condition of overgrowth of bone after fusion that he was requesting authorization for a CT (computed tomography) scan of the lumbar spine and sacroiliac joint to see if there was any excessive increased bone growth that causes further stenosis and increased pain and limited range of motion. The injured worker was to remain off work for 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan for the lumbar spine and sacroiliac joint: 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 rationale: According to the ACOEM guidelines, a CT of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had a CT of 4/2/14, which showed hypertrophy of L4-S1 and no evidence of hardware compromise. The physician requested a CT to evaluate for bone overgrowth. There was no reason why an x-ray could not provide adequate information. The request for a CT of the lumbar spine is not medically necessary.