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| Case Number: | CM15-0045358 | | |
| Date Assigned: | 03/17/2015 | Date of Injury: | 09/22/1997 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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:

The injured worker is a 73-year-old male with an industrial injury dated September 22, 1997. The injured worker diagnoses include lumbago and improved sciatica. Treatment consisted of diagnostic studies, prescribed medications, gym membership, epidural steroid injection and periodic follow up visits. In a progress note dated 2/17/2015, the injured worker reported back pain with left leg pain. Lumbar exam revealed tenderness to palpitation, spasm and guarding down the left side. The treating physician also noted positive straight leg raises on the left and diminished sensation along the L5 and S1 distribution of the left leg and foot. The treating physician requested services for CT scan of lumbar spine without contrast due to significant pathology found on plain film x-rays and Medrol dose pack to relieve inflammation and pain due to his left leg radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

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. In this case, the claimant had radicular as well as equivocal findings on exam along with an abnormal recent x-ray. Prior MRI was 17 years ago. The request for a CT scan is appropriate and medically necessary.

Medrol dose pack: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic): Oral Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- back pain chapter and Corticosteroids pg 17.

Decision rationale: Recommended in limited circumstances as noted below for acute radicular pain. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. In this case, the claimant had an acute exacerbation of chronic symptoms with radicular pain. As a result, the Medrol Dose Pack is appropriate and medically necessary.