

Case Number:	CM15-0060826		
Date Assigned:	04/07/2015	Date of Injury:	08/05/2007
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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 (IW) is a 45 year old female who sustained an industrial injury on 08/05/2007. She reported low back pain and had a lumbar fusion 12/15/2011. The injured worker was diagnosed as having failed fusion at L4-5 and SI joint disease. Currently, the injured worker complains of low back stiffness numbness and weakness in the lumbar area bilateral lower extremity numbness and pain. A lumbar CT scan of 10/1/2013 showed an un-united L4-5 of bone plug at its superior aspect with a partially fused inferior aspect. Prior treatments have included bilateral sacroiliac joint injections, physical therapy, and medications for pain. The treatment plan includes a follow-up April 16, 2015 with updated lumbar CT scans. A request for authorization has been submitted for a lumbar CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar CT scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Parameters for Medical Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI 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 scan in 2013 as noted above. Her medications provide 90% improvement in pain and significant improvement in function. The request for an updated CT scan is not medically necessary.