

Case Number:	CM15-0085246		
Date Assigned:	05/07/2015	Date of Injury:	09/11/2013
Decision Date:	06/08/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 63-year-old female; with a reported date of injury of 09/11/2013. The, diagnoses include low back pain with left leg radiculopathy, status post lumbar laminectomy, and work-related injury with right leg radiculopathy, degenerative disc disease, kyphoscoliosis, and flat back syndrome with loss of lumbar lordosis. Treatments to date have included an x-ray of the lumbar spine, lumbar laminectomy, physical therapy, myofascial massage, three epidural injections, oral medications, a LSO brace, and a cane. The physician's supplemental report dated 03/19/2015 indicates that the injured worker had low back pain with radiation to the bilateral lower extremities. She rated her pain 8-10 out of 10. She reported that the back pain was worse than the leg pain. It was noted that the conservative treatments did not provide any benefit to her pain. The injured worker's level of function had decreased. The physical examination showed a scoliotic posture, tenderness to palpation in the posterior superior iliac spine bilaterally and gluteus muscles, left lumbar prominence, decreased muscle strength in the left hip flexors and right quadriceps, diminished deep tendon reflexes in the bilateral quadriceps and Achilles, and decreased sensation in the left L5 and right L4 dermatomes. The treating physician requested a computerized tomography (CT) scan of the lumbar spine to evaluate the injured worker's anatomy and her deformity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the lumbar spine without contrast: Overturned

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): Chapter 12, Low Back Disorder, Special Studies and Diagnostic and Treatment Considerations, pages 303-305.

Decision rationale: Per the provider's report, the patient is s/p lumbar laminectomy now exhibiting a change in function, unable to walk due to increased pain. Clinical findings indicated muscle weakness, diminished DTRs, and decreased sensation. Per ACOEM Treatment Guidelines for Low Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested CT scan of the Lumbar Spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Review of submitted medical reports have adequately demonstrated the indication for the CT scan of the Lumbar spine with specific changed and progressive neurological clinical findings to support repeating this imaging study. There is a documented progressive deficit and ADL limitations to support the imaging study for this chronic injury. The CT of the lumbar spine without contrast is medically necessary and appropriate.