

Case Number:	CM15-0089175		
Date Assigned:	05/13/2015	Date of Injury:	12/02/2003
Decision Date:	06/15/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old male, who sustained an industrial injury on December 2, 2003, incurring injuries to his back, neck, upper extremities, left knee and right knee. He was diagnosed with lumbosacral disc disease and radiculopathy, cervical disc disease and facet disease, and cervical radiculopathy. Treatment included cervical and lumbar epidural steroid injection, knee injections, pain management, bracing, cervical fusion, right shoulder arthroscopy, and bilateral knee meniscectomy and work restrictions. Currently, the injured worker complained of pain and discomfort of the neck, shoulders and low back with radiation into the upper and lower extremities causing increased pain and stiffness. Prolonged standing, sitting and driving worsened the pain. The treatment plan that was requested for authorization included a computed tomography of the lumbar spine and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT Scan of lumbar spine and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on December 2, 2003. The medical records provided indicate the diagnosis of lumbosacral disc disease and radiculopathy, cervical disc disease and facet disease, and cervical radiculopathy. Treatment included cervical and lumbar epidural steroid injection, knee injections, pain management, bracing, cervical fusion, right shoulder arthroscopy, and bilateral knee meniscectomy and work restrictions. The medical records provided for review do not indicate a medical necessity for 1 CT Scan of lumbar spine and thoracic spine. The records indicate the injured worker reported to his doctor complaining of lump and spasms of the upper back; the doctor did not examine the injured ordered CT scan to rule radiculopathy. The medical records also indicate the injured worker had Lumbar MRI on 02/18/2011, and the injured worker cannot do MRI at this time due to metal hardware. The MTUS recommends that the management of the injured worker be done in the context of the information from thorough history and physical examination. Since there was no documentation of examination findings, it is not possible to determine whether the injured worker has physical findings of radiculopathy. The MTUS does not recommend imaging except if there is Unequivocal objective findings that identify specific nerve compromise on the neurologic examination or if it done to further evaluate for the possibility of potentially serious pathology, such as a tumor.