

Case Number:	CM14-0120886		
Date Assigned:	09/16/2014	Date of Injury:	04/01/2011
Decision Date:	10/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old female who sustained an injury to her low back on 04/01/11. The mechanism of injury was not documented. MRI of the lumbar spine reportedly revealed increased foraminal stenosis at L4-5, which was worsened compared to previous study in 2011. It was noted that the injured worker had exhausted all conservative and non-operative forms of treatment. The progress note dated 05/28/14 reported that the injured worker has 4-/5 weakness in the left quadriceps, 5-/5 weakness in the tibialis anterior, and 4/5 weakness in the extensor hallucis longus; decreased sensation in the entire left leg; able to heel toe walk, but slow with ambulation; tenderness on the left side elicited with sciatic notch palpation on the left; range of motion flexion 30 degrees, extension 10 degrees; straight leg raise elicits pain left. The requesting provider is also recommending an L4-5 micro discectomy. Records indicate that the injured worker was approved for a micro decompression on 06/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 303. Decision based on Non-MTUS Citation ODG - TWC Low Back Procedure Summary last updated 5/12/2014; Indications for imaging - computed tomography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, CT (computed tomography)

Decision rationale: The previous request was denied on the basis that in this case, it was noted that the injured worker was approved for lumbar surgery on 06/05/14 and it was noted that the request for a CT scan for surgical planning to rule out calcified disc versus regular disc was made. It is unclear how the results of the CT would impact surgical planning as the surgery will proceed regardless of the results. It was not clear why plain films would not be sufficient to evaluate this if further pre-surgical assessment is necessary. Therefore, without additional rationale provided, medical necessity of the request for a CT scan of the lumbar spine was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs have been obtained prior to the request for more advanced CT. There were no additional significant red flags identified. Given this, the request for a CT scan of the lumbar spine without contrast is not medically necessary.