

Case Number:	CM14-0122583		
Date Assigned:	08/08/2014	Date of Injury:	12/22/2012
Decision Date:	10/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/04/2014

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 Pain Management 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 43 year-old male who sustained work-related injuries on December 22, 2012. The medical records dated January 10, 2013 document that as the injured worker was lifting 5 gallons, he felt pain in his lower back that radiated into the hips and left leg. He was brought to the emergency room. On examination, tenderness was noted over the lumbar spinal area (on left side more than right). A prior utilization review dated July 16, 2013 noted that the injured worker cannot have magnetic resonance imaging due to a bullet fragment. It is further noted that he underwent prior physical therapy and chiropractic therapy which increased his symptoms. The same documents also noted that a prior computed tomography scan was ordered on April 29, 2013. However, results of the said study were not found in the records provided. Per January 28, 2014 medical records, he went back to his provider and complained of chronic low back pain that radiated down to his left leg. He was seen in the emergency room multiple times. He was unable to squat due to the pain. He underwent x-rays and his results were negative. The most recent medical records dated June 16, 2014 document that the injured worker complained of pain in his low back that travels into his hips and through his left leg to his calf. He reported that his low back sometimes locks up in certain positions. He also stated that he felt a grinding feeling in his low back and reported experiencing numbness in his right buttock. On examination, he was noted to ambulate with a single point cane. The lumbar spine examination noted tenderness of the left paravertebral muscles and myospasm. His range of motion was limited and his straight leg raising test was positive on the left. No sensory deficits were noted. He is diagnosed with lumbar strain with radicular complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT lumbar spine w/o dye: Overturned

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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, CT (computed topography)

Decision rationale: Evidence-based guidelines indicate that there should be a presence of unequivocal objective findings that identify specific nerve compromise on neurological examination. These findings should also indicate that the injured worker does not respond to conservative treatment and is considered to undergo surgery as an option. In this case, the injured worker presented with lumbar radiculopathy with objective findings of tenderness, myospasm, limited range of motion, positive left straight leg raising test, and he ambulates with a cane. The presented positive straight leg raising test on the left side is already a clear cut neurological finding. Furthermore, records indicate that he has underwent prior treatments including physical therapy and chiropractic therapy which only increased his low back pain and symptoms. Although magnetic resonance imaging is the preferred diagnostic imaging study for the lumbar spine, it cannot be done due to the fact that the injured worker has a bullet fragment which caused additional complications to the current condition of the injured worker. Also, a prior computed tomography scan was already approved. However, the provider asked for an extension, due to geographical difficulties. Hence, the injured worker is left with no diagnostic testing except for a computed tomography scan. Based on these reasons, the medical necessity of the requested computed tomography scan of the lumbar spine without dye is established. The previous utilization review physician determined that the records did not clearly document an indication or rationale for computed tomography imaging in this injured worker as the underlying indication, differential diagnosis or neurological findings were not apparent.