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| Case Number: | CM14-0122791 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 03/31/1998 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 07/21/2014 |
| 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 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 59-year-old male who was reportedly injured on 03/31/1998. The mechanism of injury was not documented. Progress report dated 06/03/2014 noted that the injured worker complained of increased back pain and pain radiating to the lower extremities. Examination demonstrates flexion 30 degrees, extension 0 degrees with moderate pain at range of motion, moderate diffuse tenderness, diminished reflexes to the right and left patella and Achilles , weakness on straight leg raise bilaterally at 30 degrees with L4 and L5 dermatomal distribution of dysesthesia. The injured worker has previously received extensive physical therapy. Last computed tomography dated 02/09/2009 showed L3-S1 fusion. There are no symptoms or clinical findings of derangement at proximal lumbar levels. A request was made CT Scan of the lumbar spine (with/without contrast) and was denied on 07/21/2014.

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 (with/without contrast): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Lumbar Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Thoracic, Computed Tomography, Updated July 3, 2014.

Decision rationale: The request for a CT scan of the lumbar spine with and without contrast is not medically necessary. The previous request was denied on the basis that the injured worker has been approved for a course of physical therapy due to his recent exacerbation. It would be appropriate to reevaluate the injured worker's clinical status after completion of the course of physical therapy prior to considering advanced imaging studies. Therefore, the request was not deemed as medically appropriate. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs were obtained prior to the request for more advanced CT. There were no additional significant red flags identified at this time that would warrant these studies. There was no additional information provided that would indicate the injured worker's response to the previously approved physical therapy visits. Given this, the request for a CT scan of the lumbar spine with and without contrast is not indicated as medically necessary.