

Case Number:	CM14-0136407		
Date Assigned:	09/03/2014	Date of Injury:	07/24/2003
Decision Date:	10/23/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family 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 50 year old female who sustained an injury to her low back on 07/24/03 while performing her usual and customary duties as a technician, she sustained a cumulative injury after repetitive computer use. MRI of the lumbar spine dated 06/18/14 reportedly revealed L4-5 3mm disc protrusion in the left lateral recess causing mild midline thecal sac narrowing and mild left lateral recess narrowing; mild left neuroforaminal narrowing as well; at L5-S1, there was an intact prosthetic disc; thecal sac and neuroforamina appeared normal. The clinical note dated 07/10/14 reported that the injured worker continued to complain of persistent moderate low back pain with radiation to the bilateral extremities and associated numbness/tingling in the toes. Physical examination noted increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of the L5-S1 facets and right greater sciatic notch; muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of Lumbar Spine: Upheld

Claims Administrator 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) Treatment Index, 11th Edition (web), 2014 Low Back, CT (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 request for a CT of the lumbar spine is not medically necessary. The previous request was denied on the basis that plain radiographs of the lumbar spine dated 06/18/14 showed vertebral body heights were maintained and vertebral bodies were normally aligned. A prosthetic disc was seen at L5-S1, which appeared intact with no periprosthetic loosening or fracture. The rest of the disc spaces appeared normal. Sacroiliac joints were normal as well. Paravertebral soft tissues appeared normal as well. The unofficial MRI mentioned dated 06/18/14, showed intact prosthetic disc in the thecal sac and neuroforamina appeared normal as well. Given this information, the criteria for the requested 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 mention that a surgical intervention was anticipated. There were no additional significant red flags identified. Given this, the request for a CT of the lumbar spine is not indicated as medically necessary.