

Case Number:	CM14-0151309		
Date Assigned:	09/19/2014	Date of Injury:	08/26/2011
Decision Date:	11/12/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/17/2014

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 Orthopedic Surgery, 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 claimant is a 27 year-old female who sustained a low back injury on 08/26/11. The medical records provided for review documented that the claimant was status post at L4-5 and L5-S1 transforaminal lumbar interbody fusion in December, 2013. The progress report of 08/13/14 documented continued complaints of axial low back pain but no radicular pain. Physical examination showed increased tenderness to palpation, 5/5 lower extremity muscular strength, and normal sensation and deep tendon reflexes. The recommendation was made for a CT scan of the lumbar spine for further osseous assessment. There were no clinical records documenting results of plain film radiographs since the time of the operative procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, CT

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California ACOEM Guidelines, the request for a CT scan of the lumbar spine is not recommended as medically necessary. The medical records document that the claimant has complaints of axial low back pain. The medical records do not contain any reports of plain film radiographs since the time of surgery in December 2013 for review. According to the ACOEM Guidelines, CT imaging is only indicated if plain film radiographs are suspect or of clinical concern. Therefore, in absence of reports of plain film radiographs, the proposed CT scan of the lumbar spine is not recommended as medically necessary.