

Case Number:	CM14-0167077		
Date Assigned:	10/14/2014	Date of Injury:	06/01/2004
Decision Date:	11/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty 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:

This is a patient with the date of injury of June 1, 2004. A utilization review determination dated September 25, 2014 recommends denial for a CT scan of the lumbar spine. A progress report dated August 14, 2014 identifies subjective complaints of pain which is reduced with medication use. She has been authorized for electrodiagnostic studies. Objective examination findings revealed tenderness to palpation over the lumbosacral junction and difficulty arising from a seated position. Diagnoses include his status post multilevel decompression with lateral fusion at L4-L5 in 2004, neck pain, left shoulder pain, and facet arthropathy. The treatment plan recommends continuing her current medications, proceed with an appointment for an EMG/NCV, and await a report from another treating physician. A progress report dated October 17, 2013 identifies subjective complaints of right thigh pain, right leg pain, and posterior left leg pain. The patient presents with "updated lumbar MRIs." The patient is doing exercises every day and taking pain medication on an as needed basis. Objective examination findings reveal decreased strength in bilateral lower extremities with positive straight leg raising both on the right and left causing pain into the anterior and posterior right leg and posterior left leg. There is a review of an MRI dated August 8, 2013 showing multilevel degenerative disc changes with answer a list thesis at L5-S1 and retro list thesis at L2-L3. The treatment plan recommends a right L3 diagnostic injection and medications.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California code of regulation title 8. Decision based on Non-MTUS Citation Official Disability Guidelines Work loss data institute

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58. Decision based on Non-MTUS Citation Low Back, CT (computed tomography)

Decision rationale: Regarding the request for CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or sub-acute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, it appears the patient has recently been authorized for electrodiagnostic studies, and has undergone an MRI of the lumbar spine in 2013. The requesting physician appears to be making treatment recommendations based upon the findings of the 2013 lumbar MRI. It is unclear why a lumbar CT scan would be needed in addition to the previously performed lumbar MRI and the recently authorized electrodiagnostic studies. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested CT scan of the lumbar spine. In the absence of clarity regarding those issues, the currently requested computed tomography (CT) scan of the lumbar spine is not medically necessary.