

Case Number:	CM14-0168776		
Date Assigned:	10/16/2014	Date of Injury:	10/27/2008
Decision Date:	11/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 Emergency 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 48 year-old male, who sustained an injury on October 27, 2008. The mechanism of injury is not noted. Diagnostics have included: April 14, 2014 report noted CT scan of the lumbar spine reported as showing good fusion positioning of instrumentation and hardware at L4-5, with bone spur causing left-sided neuroforamen stenosis and L5 nerve root compression. Treatments have included: lumbar revision surgery, physical therapy, chiropractic, TENS, home exercise, medications. The current diagnoses are: lumbar disc disease, lumbar radiculopathy, s/p lumbar revision surgery. The stated purpose of the request for CT scan of the lumbar spine was not noted. The request for CT scan of the lumbar spine was denied on October 2, 2014, citing a lack of documentation of exam evidence of nerve compromise. Per the report dated September 17, 2014, the treating physician noted complaints of lumbar back pain with radiation to both legs with numbness, as well as abdominal pain radiating to his chest. Exam findings included decreased lumbar range of motion.

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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The requested CT scan of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has lumbar back pain with radiation to both legs with numbness, as well as abdominal pain radiating to his chest. The treating physician has documented decreased lumbar range of motion and "no change in condition." The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength, nor an acute clinical change since the date of the previous lumbar CT scan. The criteria noted above not having been met, CT scan of the lumbar spine is not medically necessary.