

Case Number:	CM14-0181637		
Date Assigned:	11/06/2014	Date of Injury:	01/11/2013
Decision Date:	12/15/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational 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:

In a utilization review report dated October 14, 2014, the claims administrator denied a CT scan of the lumbar spine and denied a lumbosacral orthosis/lumbar brace. The claims administrator did not furnish much in the way of a rationale for the CT scan denial but did incidentally note that the applicant had an earlier undated lumbar MRI which demonstrated a small herniation at L5-S1. The applicant's attorney subsequently appealed. In an October 7, 2014, medical-legal evaluation, the applicant was given the diagnoses of chronic neck pain, shoulder pain, wrist pain, and low back pain. The applicant was given 15% whole-person impairment rating, all of which was attributed to the applicant's industrial injury. The applicant was using Norco, Prozac, and Tizanidine. The applicant last worked in January 2012, it was suggested. In an applicant questionnaire dated October 7, 2014, the applicant acknowledged that she was not working. In a handwritten note dated September 16, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain and bilateral wrist pain, 7/10 to 8/10. There was some evidence of lumbar spasms and burning pain evident about the left knee. The applicant was asked to discontinue Sonata and employ Xanax for sleep purposes. Norco and Zanaflex were also endorsed while the applicant was placed off of work, on total temporary disability. On September 30, 2014, the applicant consulted a pain management physician reporting ongoing complaints of low back pain, 8/10, non-radiating, with derivative complaints of depression, anxiety, and psychological stress. The applicant stated that she had been harassed by a former co-worker. The applicant's medication list included Norco, Sonata, Prozac, and Xanax, it was further noted. 5/5 lower extremity strength was appreciated with intact lower extremity sensorium. The applicant was given the diagnosis of lumbar disc disease versus lumbar facet syndrome versus sacroiliac joint arthropathy. SI joint injections and a CT scan of the lumbar

spine were sought. It was stated that the CT scan of the lumbar spine would be employed to evaluate facet disease. A urine drug testing and/or lumbar support were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnosis is being evaluated. Here, there is no mention that the applicant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. Rather, it appeared that the attending provider was seeking authorization for CT scanning of the lumbar spine to search for a suspected facetogenic disease. There was no mention of the applicant as actively considering or contemplating any kind of surgical intervention based on the outcome of the same. The applicant's well-preserved lower extremity neurologic function and lack of radicular complaints would, furthermore, suggest that the applicant was not, in fact, a surgical candidate insofar as the lumbar spine was concerned. Therefore, the request is not medically necessary.