

Case Number:	CM14-0135854		
Date Assigned:	09/03/2014	Date of Injury:	01/27/2011
Decision Date:	05/01/2015	UR Denial Date:	07/25/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 44-year-old male, who sustained an industrial injury on 1/27/2011. The current diagnoses are multilevel disc herniation of the lumbar spine, most significant at L5-S1, moderate-to-severe neural foraminal narrowing, bilateral L5 pars defects, retrolisthesis at L3-L4 and L4-L5, and grade 1 spondylolisthesis at L5-S1. According to the progress report dated 7/2/2014, the injured worker complains of low back pain that radiates down his left leg. The pain is rated 1/10 on a subjective pain scale. The pain is described as a dull, constant ache. The current medications are Norco. Treatment to date has included medication management, 13 sessions of acupuncture, 4 chiropractic sessions, and right L5-S1 transforaminal epidural steroid injection. The plan of care includes CT scan of the lumbar spine, Hydrocodone/APAP, weight watchers program, psychiatric consultation, and follow-up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back CT Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 297-305.

Decision rationale: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). In this case, the patient has had an exam showing a neurological deficit (sensory deficit in S1 distribution). Further imaging is warranted but the documentation does not support the reason why CT would be ordered instead of the preferred method to assess neural and soft tissue disease, MRI. Therefore, the request is not medically necessary.