

Case Number:	CM14-0162774		
Date Assigned:	10/07/2014	Date of Injury:	05/19/2014
Decision Date:	02/13/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 56 year old male was injured on 5/19/2014. The diagnoses are migraine, lumbar radiculitis, myalgia, cervical radiculopathy, cervicalgia, neck, mid back and low back pain. There are associated diagnoses of cognitive changes, insomnia, memory problems A 2014 CT of the cervical spine showed multilevel degenerative disc disease, facet arthropathy and neural foraminal stenosis with contact to right C7 nerve root. On the initial consultation on 8/25/2014, [REDACTED] noted subjective complaints of neck and low back pain radiating to the upper and lower extremities respectively. There was associated numbness and weakness of the extremities. The pain score was rated at 9-10/10 without medications and 4-5/10 with medications. There were objective findings of tenderness to the cervical and lumbar paraspinal areas, positive straight leg raising test and decreased sensation of the lower extremities dermatomes. The patient completed PT, massage, ice/heat and medications management. The patient was unable to continue home exercise program due to exacerbation of the back pain. The medications are Fentanyl patch, Fioricet and Trazodone. A Utilization Review determination was rendered on 9/8/2014 recommending non certification for CT lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT Scan of the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14), MRIs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper.

Decision rationale: The CA MTUS and the ODG guidelines recommend that advanced radiological investigation of the spine can be utilized to evaluate exacerbations of severe spinal pain associated with neurological deficits that have failed to respond to standard treatment with medications and PT. The records indicate that the patient have failed conservative management with medications and PT. The patient can no longer tolerate home exercise program due to exacerbations of low back pain. There are subjective and objective findings consistent with neurological deficits and nerve roots compression. The criteria for CT scan of the lumbar spine were met and therefore medically necessary.