

Case Number:	CM14-0194096		
Date Assigned:	12/01/2014	Date of Injury:	10/07/2011
Decision Date:	03/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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: California
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old female with a date of injury of October 7, 2011. Result of the injury include the lumbar spine. Diagnosis include status post lumbar fusion at L4-L5, lumbar disc disease, lumbar facet syndrome, and post annular tear at L5-S1. Treatment has included medical imaging, surgery with no relief, three lumbar spine epidurals with some relief, acupuncture, and physical therapy with some relief, and medications. Magnetic Resonance Imaging (MRI) scan of the lumbar spine dated April 28, 2014 revealed postsurgical changes noted with posterior fusion of L4-L5 with transpedicular screws, at L5-S1, there is posterior annular tear with a 2 mm midline disc protrusion resulting in mild effacement of the anterior thecal sac with no neural abutment. Progress report dated October 7, 2011 showed diffuse tenderness to palpation over the lumbar paraspinous muscles. There was mild to moderate pain over the hardware. There was moderate facet tenderness noted to palpation along the L5-S1 levels. Disability status dated March 9, 2014 noted the injured worker as temporarily total disabled. The treatment plan included Norco, home exercises and stretching, and a random urine drug screen. Utilization review form dated October 21, 2014 non certified CT scan of the lumbar spine due to noncompliance with ACOEM and Official Disability Guidelines.

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. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14); CY (computed tomography)

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

Decision rationale: CA MTUS/ACOEM Chapter 12 Low Back Complaints, pages 303-305 demonstrates a CT scan is indicated for bony structures if there is physiologic evidence of impairment. Per the exam note of 10/7/11, there is insufficient evidence of physiologic tissue insult or nerve impairment. Given the lack of objective evidence to support a CT scan, the request is not medically necessary and appropriate.