

Case Number:	CM14-0213022		
Date Assigned:	12/30/2014	Date of Injury:	09/08/2011
Decision Date:	03/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/19/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old male with an industrial injury dated 09/08/2011 while lifting a heavy box. His diagnoses include lumbar degenerative disc disease and lumbago. Recent diagnostic testing has included electrodiagnostic studies (09/09/2014) showing abnormal findings in the bilateral lower extremities consistent with radiculopathy, and CT scan of the lumbar spine (09/09/2014) showing incomplete fusion of the lumbar spine. He has been treated with conservative care, medications, physical therapy, injections, and an anterior lumbar interbody fusion at the L5-S1 level (10/07/2013). In a progress note dated 09/16/2014, the treating physician reports increased back pain with twisting with a pain rating of 5/10 without changes from previous visit. The objective examination revealed restricted range of motion in the lumbar spine, decreased sensation in the left lower extremity with all other exam findings in the normal range. The treating physician is requesting CT scan of the lumbar spine which was denied by the utilization review. On 11/18/2014, Utilization Review non-certified a request for CT scan of the lumbar spine, noting that the injured worker had a CT scan on 09/09/2014 with a recommendation for further time and conservative treatment before reassessment. The ACOEM and ODG Guidelines were cited. On 12/19/2014, the injured worker submitted an application for IMR for review of CT scan of the lumbar spine.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter - CT Myelogram, and Indications for Imaging.

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

Decision rationale: According to MTUS guideline, CT scan of the lumbar spine is able to identify low back pathology in case of disc protrusion, spinal stenosis, post laminectomy syndrome and Cauda Equina syndrome. CT or MRI of the back is indicated when cauda equina tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. There is no documentation supporting that the patient developed a serious condition or have a dramatic change of his condition requiring a new imaging study. The patient's previous lumbar CT scan was performed on September 9, 2014. Therefore, the request for a CT scan of lumbar spine is not medically necessary.