

Case Number:	CM15-0003599		
Date Assigned:	01/14/2015	Date of Injury:	05/14/2008
Decision Date:	03/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old male, who sustained a work related injury on 5/14/08. The diagnoses have included L4-5 recurrent disc protrusion status post laminectomy and chronic back pain. Treatment have oral medications, physical therapy, acupuncture x 2 treatments, epidural steroid injection, traction and massage therapy. The office note of 11/5/14, reported the injured worker complained of back and left leg pain and rates the pain an 8/10. The pain is 6/10 with medications. He has decreased range of motion in lumbar spine. On 12/18/14, Utilization Review non-certified a request for EMG/NCV BLE, noting the NCV/EMG when symptoms of radiculopathy are present. The injured worker does not present with features of radiculopathy or peripheral neuropathy. On 12/18/14, Utilization Review non-certified a request for a lumbar CT Scan, noting the lumbar CT Scan is recommended for lumbar spine trauma, neurological deficit, myelopathy and infection processes. The specific diagnosis for the lumbar CT Scan was not identified. The California MTUS, ACOEM Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar CT scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment Index, 12th Edition (web), 2014, Low Back-EMG; CT scan

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Medscape<Pars Interarticularis Injury >

Decision rationale: The medical records provided for review do not indicate a medical necessity for Lumbar CT scan. The record indicates the injured worker had an MRI on 10/28/14 which was suspicious for Modic changes Type 1 (usually due to low grade indolent infection) and Discitis (swelling and irritation of the intervertebral discs usually due to infection, and commonly found in children less than 10 years) as a result of which radiologist recommended the injured worker be evaluated further. The treating doctor requested for complete blood count, Sedimentation rate and C-reactive protein; but without waiting for the outcome of the results ordered CT scan to rule out pars defect or instability at L4-L5. The MTUS recommends against relying solely on imaging studies to evaluate the source of low back and related symptoms due to the risk of diagnostic confusion. X-ray is considered as an initial basic test for pars defect, then progress to advanced studies like Bone scan, CT scan or MRI if needed. Besides, a medscape report indicates that MRI may be more useful in detecting earlier defects than either X-Ray or CT Scan. The injured worker had MRI within the preceding two weeks. Finally, Medscape states such defects are predominately found in young athletes due to activities related to sports, but the records indicate the injured worker has not been very active following the injury.