

Case Number:	CM15-0008896		
Date Assigned:	01/26/2015	Date of Injury:	01/06/2014
Decision Date:	03/18/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/15/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 38 year old male, who sustained an industrial injury on 01/06/2014. He has reported losing his balance due to a falling box and fell from approximately six to seven feet high landing backwards and on his right hip onto a cement floor. The injured worker was diagnose with fracture of the anterior hip of the acetabulum, contusion of the right hip, rule herniated disc of the lumbar spine, possible radiculopathy of the right lower extremity, and dorsal lumbosacral sprain/strain. Treatment to date has included computed tomography of the right hip, laboratory studies, magnetic resonance imaging of the lumbar spine, functional capacity evaluation, medication regimen, home exercise program, physical therapy, acupuncture, and chiropractic therapy. Currently, the injured worker complains of constant right hip pain that is rated an eight out of ten and constant lumbar sacral pain that is rated a seven out of ten. The treating physician requested a computed tomography of the lumbar spine to assess for fractured pelvis. On 12/26/2014 Utilization Review non-certified a request for computed tomography of the lumbar spine without dye, noting the California Medical Treatment Utilization Schedule, ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Back and Official Disability Guidelines, Low Back, Lumbar & Thoracic Chapter.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic: CT (computed tomography)

Decision rationale: Imaging of the lumbosacral spine is indicated in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination 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. Further investigation is indicated in patients with history of tumor, infection, abdominal aneurysm, or other related serious conditions, who have positive findings on examination. CT of the lumbar spine is indicated for lumbar spine trauma with neurological deficit or seat belt (chance) fracture, myelopathy in infectious disease patient or trauma patient, evaluation of pars defect not identified on plain x-rays, or evaluation of successful fusion if plain x-rays do not confirm fusion. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. In this case the patient underwent MRI of the lumbar spine in September 2014. Documentation in the medical record does not support the necessity for repeat imaging. There are no red flags and there is no progressive neurologic deficit. The request should not be authorized.