

Case Number:	CM15-0011245		
Date Assigned:	01/28/2015	Date of Injury:	06/29/2014
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old male, who sustained an industrial injury on 6/29/2014. Details of the initial injury were not available for this review. The diagnoses have included status post cervical fusion 2008 C3-C5, cervical spine discogenic disease, lumbosacral sprain/strain with radiculitis, rule out lumbosacral spine discogenic disease, rule out bilateral impingement syndrome, right elbow sprain/strain, rule out right elbow lateral epicondylitis. Treatment to date has included medication therapy and physical therapy. Currently, the IW complains of shoulder, neck, and constant low back pain. Physical examination from 12/9/14 documented right shoulder tenderness with positive resistance, impingement, and codman drop tests. There was positive tenderness of the right elbow and forearm. The neck was significant for tenderness radiating to bilateral upper arm, and lumbar spine tenderness with positive straight leg test with reduced Range of Motion (ROM) and guarding. The plan of care included physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS), electromyogram testing to bilateral upper and lower extremities, Computed Topography (CT) scan of cervical and lumbar spine and a neurosurgical consultation. On 1/6/2015 Utilization Review non-certified one (1) Computed Topography (CT) scan of lumbar spine without contrast, noting the physician's intent was to request a Magnetic Resonance Imaging (MRI) therefore the Computed Topography (CT) was denied. The MTUS, ACOEM, and ODG Guidelines were cited. On 1/20/2015, the injured worker submitted an application for IMR for review of one (1) Computed Topography (CT) scan of lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

One CT Scan Lumbar Spine without Dye 72132: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 11/21/14) Myelography ODG Criteria for Myelography and CT Myelography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, CT scans

Decision rationale: The patient presents with shoulder, neck, and constant low back pain rated 5-6/10. The request is for ONE CT SCAN LUMBAR SPINE WITHOUT DYE 72132. The RFA is not provided. Patient's diagnosis included status post cervical fusion 2008 C3-C5, cervical spine discogenic disease, lumbosacral sprain/strain with radiculitis, rule out lumbosacral spine discogenic disease, rule out bilateral impingement syndrome, right elbow sprain/strain, rule out right elbow lateral epicondylitis. Patient is temporarily totally disabled. Regarding CT scans of the lumbar spine, ODG guidelines, low back chapter state: "Not recommended except for indications below for CT. 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." Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: Trauma, neurological deficit. Lumbar spine trauma: seat belt. Chance fracture. Myelopathy, Neurological deficit related to the spinal cord, traumatic. Myelopathy, infectious disease patient. Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion. In this case, per the UR letter dated 01/16/15, it was noted that upon discussion with the treating physician, "his intention was to request MRI of the lumbar spine." It would appear that the treater has withdrawn the request for CT. Therefore, the request is not medically necessary.