

Case Number:	CM15-0012066		
Date Assigned:	01/29/2015	Date of Injury:	01/29/2007
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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 65-year-old male who sustained an industrial injury on 01/29/2007. The current diagnoses include lumbar spinal stenosis and degenerative disc disease. Treatments to date include medication management and bilateral hip replacement in 2012. Report dated 12/18/2014 noted that the injured worker presented with complaints that included unbearable back pain with radiation to the leg, and tingling in both feet. The physician noted that the injured worker has not had any recent imaging performed and cannot undergo an MRI due to a bullet in his abdomen. A detailed physical examination was not provided. The utilization review performed on 01/13/2015 non-certified a prescription for CT of the lumbar spine based on no documented neurological abnormalities. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (updated 2007), Lumbar Spine, page 59 and the Official Disability Guidelines (ODG), Low Back chapter, Computed tomography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back Chapter under CT scans

Decision rationale: Based on the 12/18/14 progress report provided by treating physician, the patient presents with unbearable back pain rated 5-10/10 with radiation to the leg, and tingling in both feet. The request is for CT LUMBAR SPINE. Patient's diagnosis per Request for Authorization from dated 01/06/14 includes lumbar spinal stenosis and degenerative disc disease. Patient's medications include Vimovo, Cyclobenzaprine, Lisinopril, Atorvastatin, and Lorazepam. ODG guidelines, Low back Chapter under CT scans of the lumbar spine states: "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." Treater has not provided reason for the request other than increase in subjective pain. ODG does not recommend CT scan of the lumbar spine unless there is lumbar spine trauma with neurologic deficit, or seat belt trauma with chance of fracture. There is no documentation that patient presents with aforementioned indications. Therefore, the request IS NOT medically necessary.