

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0019301 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 11/07/2014 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/23/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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 46-year-old male, with a reported date of injury of 11/07/2014. The diagnosis includes lumbar sprain/strain. Treatments have included oral pain medications, chiropractic manipulation, an x-ray of the lumbar spine, and physical therapy. The Primary Treating Physician's Comprehensive Orthopedic Consultation and Report dated 01/05/2015 indicates that the injured worker complained of continuous pain in the lower back, with radiation to his bilateral lower extremities. He rated his pain 9 out of 10 on a good day and 10 out of 10 on a bad day. He was unable to stand for more than 15-20 minutes before the pain symptoms increased. The injured worker reported difficulties with his activities of daily living. An examination of the lumbar spine showed tenderness and spasm at L5-S1, positive bilateral sciatic notch tenderness, and intact bilateral sensory examination in the lower extremities in all dermatomes. The treating physician recommended a computerized tomography (CT) scan of the lumbar spine due to bony abnormality. On 01/23/2015, Utilization Review (UR) denied the request for a computerized tomography (CT) scan of the lumbar spine, noting that an initial clinical trial of conservative physical therapy would be recommended first before the injured worker proceeded onto any type of advanced imaging. The MTUS ACOEM Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT 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 Low Back - Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, CT scans

Decision rationale: This patient has a date of injury from 11/7/14 and continues to complain of mid- back pain that radiates to the lower back. The current request is for CT OF THE LUMBAR SPINE. ACOEM Guidelines page 309 states under CT, recommendation is made when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. ODG Guidelines under the low back section states that CT scans are not recommended, except for trauma with neurological deficits. CT scans are indicated when tumor, infection, or fracture are strongly suspected. CT scans are indicated when tumor, infection, or fracture are strongly suspected and there are no such concerns expressed. The requested CT IS NOT medically necessary.