

Case Number:	CM15-0111500		
Date Assigned:	06/17/2015	Date of Injury:	04/20/2008
Decision Date:	10/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on April 20, 2008. The injured worker was diagnosed as having cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, and status post lumbar fusion. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the cervical spine performed on March 31, 2015, magnetic resonance imaging of the lumbar spine performed on March 26, 2015, and above noted procedure. In a progress note dated May 08, 2015 the treating physician reports complaints of pain to the bilateral ankles, bilateral feet, bilateral lumbar spine, bilateral sacroiliac region, bilateral buttocks, bilateral posterior legs, bilateral posterior knees, bilateral calves, bilateral anterior legs, bilateral anterior knees, and bilateral shins along with numbness, tingling, difficulty sleeping, anxiety, and stress. The examination performed on May 08, 2015 was revealing for decreased range of motion to the cervical spine, decreased range of motion to the lumbar spine, positive Kemp's testing, positive sitting root testing, positive Spurling's testing bilaterally, and positive cervical compression testing bilaterally. On May 08, 2015 the injured worker's pain level was rated an 8 out of 10, with the pain at its worst to be rated as a 10 and at its best a 3. On May 08, 2015 the treating physician noted magnetic resonance imaging of the lumbar performed on March 26, 2015 that was remarkable for lumbar three to four desiccation, "mild" narrowing of the left lateral recess at lumbar three to four, mild narrowing at lumbar four to five of the lateral recesses bilaterally, lumbar five to sacral one central disc protrusion with ventral narrowing of the thecal sacroiliac, and Schmorl's node posterior to sacral two. On May 08, 2015 the treating physician requested a

computed tomography scan of the lumbar spine noting that the computed tomography may assist by "correlating" with the findings on the magnetic resonance imaging of the lumbar spine noted above at the lumbar five to sacral one level. On May 19, 2015 the Utilization Review determined the request for a computed tomography of the lumbar spine to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM guidelines, a CT of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant already had an MRI and prior fusion surgery. The request for a CT of the lumbar spine is not medically necessary.