

Case Number:	CM15-0113214		
Date Assigned:	06/19/2015	Date of Injury:	04/07/2014
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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: Preventive Medicine, Occupational 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 46-year-old male, with a reported date of injury of 04/07/2014. The diagnoses include lumbar/lumbosacral disc degenerative disease, myofasciitis of the low back, and left knee joint pain. Treatments to date have included physical therapy. The progress report dated 03/25/2015 indicates that the injured worker was pending pain management and an MRI of his lumbar spine was needed. The objective findings include decreased range of motion of the lumbar spine with paravertebral tenderness and spasms, decreased left knee range of motion, and left antalgic gait. The treatment plan included pain management consultation, an MRI of the lumbar spine, and physical therapy. The treating physician requested an MRI of the lumbar spine with gadolinium.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) scan of the Lumbar Spine with Gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Per MTUS guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). In this case, there is no objective evidence of nerve root compromise on physical examination. A previous MRI revealed a disc bulge at L4-5. Given that there is no evidence of nerve root compromise and the results of the MRI, there is no indication for the use of CT. The result for CT (computed tomography) scan of the lumbar spine with gadolinium is not medically necessary.