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| Case Number: | CM15-0124301 | | |
| Date Assigned: | 07/06/2015 | Date of Injury: | 08/26/2013 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/09/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: North Carolina
 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 51 year old female, who sustained an industrial injury on 8/26/13. Initial complaint was of low back pain with right leg symptoms. The injured worker was diagnosed as having lumbar spondylosis; status post disc herniation with microdiscectomy (8/27/13). Treatment to date has included status post disc herniation with microdiscectomy (8/27/13); physical therapy; lumbar brace; medications. Diagnostics studies included MRI lumbar spine (8/26/13). Currently, the PR-2 notes dated 6/1/15 indicated the injured worker complains of low back pain. There are no radicular symptoms. She has residual numbness and right S1 distribution, but the footdrop resolved. Back pain is aggravated by repetitive bending. Symptoms are resolved with rest. A MRI has been completed and her interim history remains unchanged. The MRI was reviewed and reveals the T12-L4 normal. L4-5 disk signal changed and it is darker, but there is no bulge or obvious significant tear. L5-S1 right hemilaminectomy is noted, loss of disk height is noted and there is fluid in the left facet. The provider notes a diagnostic impression of lumbar facet versus discogenic pain. To distinguish the origination, he is requesting a SPECT CT of the lumbar spine. If the SPECT CT is unremarkable, he will proceed with a discography at L4-5 and L5-S1 with L3-4 serving as the control.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECT CT of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, lumbar CT.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states CT scan of the lumbar spine is indicated in the evaluation of suspected tumor or myelopathy or a pars defect not shown in plain radiographs. The review of the clinical documentation shows that the CT has been requested for an indication not supported by the ODG. Therefore the request is not medically necessary.