

Case Number:	CM15-0034537		
Date Assigned:	03/02/2015	Date of Injury:	08/21/2012
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, 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 (IW) is a 53-year-old female, who sustained an industrial injury on August 21, 2012. She has reported burning, achy low back pain. The diagnoses have included lumbar spine strain/sprain and superimposed on degenerative disc and joint disease, anterolisthesis of lumbar 5 through sacral 1 and status post spinal cord stimulator implantation. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, pain medications and work duty modifications. Currently, the IW complains of burning, achy, low back pain. The injured worker reported an industrial injury in 2012, resulting in a burning, achy pain in the low back. She was treated conservatively and surgically without complete resolution. She was noted to have a surgically implanted neural stimulator and bladder stimulator. Evaluation on January 26, 2015, revealed continued pain with radiating pain and tingling, numbness and weakness to the lower extremities at 10/10. Physical examination of the lumbar spine revealed tenderness on palpation, muscle spasm, positive SLR, limited range of motion and radiculopathy on left side. It was note surgical intervention was recommended. The patient has had X-ray of the low back on 5/30/14 that revealed neural stimulator and degenerative changes. A computed tomography scan was requested to assess the need for surgical intervention. It was noted she was not complaining of or exhibiting neurological abnormalities. The medication list include Norco, Prilosec, Colace and heart medication Patient has received 12 PT visits for this injury The patient's surgical history include bilateral knee surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) scan of the 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 - Lumbar & Thoracic (Acute & Chronic) chapter, CT (computed tomography); American College of Physicians/American Pain Society (ACP/APS) guidelines; Journal of the American College of Radiology.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 03/24/15) CT (computed tomography).

Decision rationale: Request: Computed Tomography (CT) scan of the lumbar spine. Per the ACOEM low back guidelines cited below "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)." Patient did not have any progressive neurological deficits that are specified in the records provided. Findings suggestive of suspicious for tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. As per records provided patient has normal gait and negative SLR. Prior PT visits notes were not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. The records provided do not specify significant objective evidence of consistently abnormal neurological findings including abnormal EDS (electro-diagnostic studies). The medical necessity of the request for Computed Tomography (CT) scan of the lumbar spine is not fully established in this patient.