

Case Number:	CM15-0042316		
Date Assigned:	03/13/2015	Date of Injury:	08/08/2000
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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 60-year-old female, who sustained an industrial injury on August 8, 2000. The injured worker was diagnosed as having lumbar sprain/strain, lumbar radiculopathy, lumbar facet arthropathy, sacroiliac joint arthropathy, and status post laminectomy. Treatment to date has included urine drug screening and medications including pain, antidepressant, muscle relaxant, and anti-epilepsy. On January 21, 2015, the injured worker complains of low back pain and bilateral lower extremity pain with numbness and tingling, more on the right. The bilateral lower extremity pain is to the foot level and the numbness and tingling is to the great toe level. In addition, there is right lower extremity weakness. Her ability of function with activities of daily living is decreased due to pain. The physical exam revealed decreased range of motion, a well-healed midline lumbar scar, pain on the spinous process of lumbar 4-5 and lumbar 5-sacral 1, and facet pain of lumbar 3-4, lumbar 4-5, and lumbar 5-sacral 1 bilaterally with positive bilateral facet loading, more on the right. There was pain with bilateral sacroiliac joint compression testing, a positive Lasegue's more on the right, positive bilateral Patrick Fabere's, and decreased sensation in the lumbar 5 and sacral 1 dermatomes, more on the right. The deep tendon reflexes were normal. The treatment plan includes a CT scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible CT Scan: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The 2/25/15 Utilization Review letter states the "possible CT scan Lumbar" requested on the 1/21/15 medical report was denied because "it is unclear if the MRI will obtain sufficient information due to the presence of hardware. However, as it has not yet been tried, CT scan is not currently shown to be warranted, Therefore the requested CT scan of the lumbar is not medically necessary or appropriate" The UR letter shows the last MRI being in 2002. According to the 1/21/15 anesthesiology/pain management report, the 60-year-old female patient presents with low back pain and lower extremity pain with numbness and tingling more to the right. Exam reveals decreased sensation in the L5 and S1 dermatomes on the right. SLR positive on the right at 30 degrees. The recommendation was for a lumbar MRI, but if necessary, a CT scan since she has some instrumentation in the lumbar spine area. MTUS/ACOEM chapter 12, low back, pg 303-305, under "Special Studies and Diagnostic and Treatment Considerations" states: "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, computed tomography [CT] for bony structures)." The MTUS/ACOEM guidelines state that the MRI has higher ability to identify and define disc protrusions, cauda equine syndrome and post-laminectomy syndrome than CT scans. They are equal for defining spinal stenosis. In this case, the physician was concerned that the hardware from the lumbar surgery may distort the images on MRI, making CT the better choice for this presentation. The request from the physician was for an MRI, or "possible CT scan" of the lumbar spine due to the hardware. The request presented for IMR is for "possible CT scan." Based on the provided records, and current situation, the request is in accordance with MTUS/ACOEM guidelines. The request for a lumbar CT scan presented as "possible CT scan" IS medically necessary.