

Case Number:	CM15-0098214		
Date Assigned:	05/29/2015	Date of Injury:	10/15/2001
Decision Date:	09/15/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 was a 36 year old male, who sustained an industrial injury, October 15, 2001. The injury was sustained in an automobile accident while performing regular work duties. The injured worker previously received the following treatments Dilaudid, OxyIR, Exalgo, Provigil, Xanax, Valium, Soma, Exalgo, Opana, psychiatry care, lumbar spine MRI from November of 2001 and cervical spine MRI from February 2002. The injured worker was diagnosed with low back pain, lumbosacral radiculopathy, lumbar and or cervical degenerative disc disease, thoracic degenerative disc disease, status post spinal cord stimulator implant and cervical radiculopathy. According to progress note of March 6, 2015, the injured worker's chief complaint was chronic lumbar spine pain. The pain was constant and severe, sharp and burning in quality, reports more spasms. The pain was associated with numbness and tingling of the bilateral upper and lower extremities. The injured worker rated the pain at 8 out of 10. The injured worker reported activity limitations with sitting, standing and ambulation, secondary to pain. The physical exam noted tenderness with palpation of the lumbar vertebral spine. There was decreased sensation to pinprick and soft touch in the bilateral lower extremities. The motor strength was 5 out of 5 in the upper extremities. The pain increased with flexion and extension of the lumbar spine. The straight leg raises were positive in the lower extremities at 30 degrees. The treatment plan included a request for a lumbar spine CT scan without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM, cervical and thoracic spine disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to the CA MTUS ACOEM low back chapter, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. In this case, the medical records do not establish progressive neurological deficits on clinical examination, red flags, evidence of re-injury or results of X-rays to support the request for advance imaging studies. The request for CT scan of the lumbar spine without contrast is not medically necessary and appropriate.