

Case Number:	CM15-0099484		
Date Assigned:	06/02/2015	Date of Injury:	10/23/2000
Decision Date:	07/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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 is a 56 year old female who sustained an industrial injury on 10/23/02 involving an elevator malfunction and a motor vehicle rear-end incident resulting in injuries to her left shoulder, right knee, neck and back. She currently complains of moderate, frequent low back pain and bilateral lower extremity with radicular pain. Her pain level is 9/10. Her activities are limited. On physical exam, there was decreased range of motion of cervical and lumbar spines with tenderness on palpation of the lumbar spine and crepitus of bilateral knees. Medications are Norco, Flurbi (NAP) cream. Diagnoses include cervical and lumbar radiculitis; cervical and lumbar disc disease; lumbar herniated disc at L5-S1 and L4-5. Treatments to date include cervical epidural steroid injections (2/26/08, 9/4/07) with significant improvement in neck pain, decreased numbness and tingling and improved sleep; lumbar epidural steroid injection (12/5/06); physical therapy; transforaminal epidural steroid injection at L5-S1 right side (3/10) with 50% pain relief for 7 months; Lumbar epidural steroid injection (5/31/11) with 100% relief of radicular leg pain with recurrence in 9/11. Diagnostics include MRI of the lumbar spine (5/11/09) showing loss of disc space and disc protrusion; cervical MRI (8/28/08) shows disc bulge, moderate bilateral neural foraminal stenosis; MRI of the brain (7/1/13) cystic mass; x-ray bilateral knees (11/21/14) showing osteoarthritis. In the progress note dated 4/9/15 the treating provider's plan of care includes computed tomography of the cervical and lumbar spine to rule out stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT of the neck.

Decision rationale: This patient receives treatment for chronic pain involving the neck and low back. This relates back to an industrial injury on 10/32/2002. The patient reports severe low back pain that radiates to the lower extremity. The physical exam reveals decreased ROM of both the neck and lower back. On the neck exam, the extension and lateral flexion are the most reduced from normal. Knee and heel reflexes are diminished on the L side and the sensation is intact. This review addresses a request for a CT scan of the cervical spine. The documentation does not discuss any recent x-rays of the cervical spine, which should, in most cases, precede a CT scan of the cervical spine. The guidelines advise that physicians address any radicular deficits on exam, any response to conservative treatment, and any clinical red flags; such as, concerns for cancer or metastatic lesions, fever, or recent trauma. The documentation does not address these factors. A CT of the cervical spine is not medically indicated.

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 48. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: This patient receives treatment for chronic pain involving the neck and low back. This relates back to an industrial injury on 10/32/2002. The patient reports severe low back pain that radiates to the lower extremity. The physical exam reveals decreased ROM of both the neck and lower back. Knee and heel reflexes are diminished on the L side and the sensation is intact. This review addresses a request for a CT scan of the lumbar spine. Another reviewer authorized an MRI of the lumbar spine on 03/30/2015; however, these results are not documented nor discussed. Given the MRI's ability to image both bony and soft tissues of the lumbar spine, this test result ought to be analyzed before performing a lumbar CT. A CT of the lumbar spine is not medically necessary, based on the documentation.