

Case Number:	CM14-0140521		
Date Assigned:	09/10/2014	Date of Injury:	09/20/1996
Decision Date:	10/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old male who sustained an injury to his low back on 09/20/96 while digging a trench containing "hard dirt" with a pick. CT scan of the lumbar spine dated 06/16/08 revealed transitional degeneration at L3-4 with a retrolisthesis of L3 and L4 with a 5mm disc bulge; posterior fusion appeared to be solid at L4-5 and L5-S1. Orthopedic evaluation note dated 07/30/14 reported that the injured worker continued to complain of lumbar spine pain with bilateral leg pain. The injured worker stated that his back pain was increasing despite taking Oxycodone, Hydrocodone and Soma. Physical examination noted ambulation without lateral support as he was not using a brace or corset; well-healed anterior/posterior incisions consistent with previous lumbar spine global fusion; neurological status to his lower extremities was intact; reflexes at the Achilles diminished, but symmetrical; patellar reflexes 2/4. CT scan of the lumbar spine was recommended to evaluate further progression of his transitional stenosis at L3-4. The injured worker was recommended to follow-up with his pain specialist for all pain medication needs.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, CT (computed tomography)

Decision rationale: The request for CT scan of the lumbar spine is not medically necessary. Previous request was denied on the basis that it was unclear why both CT and MRI are needed for this case. Neurological deficits or progression of was not documented to justify further imaging studies. Based on the above cited points, the request was not deemed as medically appropriate. There was no report of a new acute injury. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of any decreased motor strength or increased sensory deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced CT. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for CT scan of the lumbar spine is not indicated as medically necessary.