

Case Number:	CM14-0167776		
Date Assigned:	10/16/2014	Date of Injury:	08/21/2012
Decision Date:	10/06/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/11/2014

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. 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 52 year old male with an industrial injury dated 08-21-2012. The injured worker's diagnoses include L4-5 discogenic back pain with left sided foraminal narrowing, left lower extremity radiculopathy and facet syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-30-2014, the injured worker reported persistent back pain. Objective findings revealed tenderness at L4-S1. The treating physician reported that the injured worker remains symptomatic and he needs a computed tomography scan for diagnostic and therapeutic purposes because he is unable to have Magnetic Resonance Imaging (MRI) due to brain clips in his brain. The treating physician prescribed services for computed tomography scan, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAT Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic Chapter, under CT (computed tomography).

Decision rationale: The patient presents with back pain. The request is for CAT SCAN. The request for authorization is dated 09/03/14. CT scan of the Lumbar Spine, 01/11/13, shows mild scoliosis; multilevel degenerative changes and spinal stenosis; particularly large left lateral bridging osteophyte/syndesmophyte formation at L1-L2; a 6 mm sclerotic lesion in the left iliac bone. EMG/NCS of the lower extremities, 04/10/14, shows all nerve conduction studies were within normal limits; there is no electrodiagnostic evidence of a peripheral neuropathy or lumbar radiculopathy. Physical examination of the lumbar spine reveals he is tender at L4 through S1. He cannot squat. Range of motion is decreased. Per progress report dated 08/18/14, the patient is not working. ODG Guidelines, Low Back - Lumbar & Thoracic Chapter, under CT (computed tomography) Section states: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multi-planar capability. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multi-planar reconstruction is recommended. Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt -chance- fracture- Myelopathy -neurological deficit related to the spinal cord-, traumatic- Myelopathy, infectious disease patient- Evaluate pars defect not identified on plain x-rays- Evaluate successful fusion if plain x-rays do not confirm fusion." Per progress report dated, 07/30/14, treater's reason for the request is "for diagnostic and therapeutic purposes because he cannot have a MRI because he has brain clips in his brain." In this case, the patient previously underwent a CT scan of the Lumbar Spine on 01/11/13. However, the patient does not have any new injury, significant change in symptoms, findings of pathology, or surgery. And the treater does not explain or provide medical rationale for a repeat CT Scan. Therefore, the request IS NOT medically necessary.