

<b>Case Number:</b>	CM13-0017067		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/22/1992
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Orthopedic Spine Surgery, and is licensed to practice in Texas. 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 patient is a 61-year-old female who reported an injury on 10/22/1992. The mechanism of injury was not specifically stated. The patient was seen by [REDACTED] on 08/16/2013. It is noted that the patient was denied a 3-level fusion surgery. The patient reported persistent pain. Physical examination revealed an antalgic gait, symmetrical and bilateral deep tendon reflexes, decreased range of motion, positive straight leg raising and spasm with guarding. Treatment recommendations included an appeal request for lateral and posterior fusion with instrumentation of L2-3, L3-4, and L4-5 with a preoperative CT scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRE-OPERATIVE CT SCAN OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guides, Lumbar Chapter, CT ( computed tomography).

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

**Decision rationale:** The California MTUS Guidelines state 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, including a CT scan for bony structure. As per the documentation submitted, the patient has undergone an EMG/NCV study as well as an MRI of the lumbar spine. The medical necessity for a CT scan has not been established. Additionally, there is no indication that the patient's surgical procedure has been authorized. Therefore, the request for a preoperative CT scan cannot be determined as medically necessary. Therefore, the request is noncertified.