

<b>Case Number:</b>	CM13-0019393		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine & rehabilitation, has a subspecialty in sports medicine and is licensed to practice in New York and 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 physician 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.

### 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 58-year-old who reported injury on 08/20/2012 with an unsupplied mechanism of injury. The patient was noted to have previous CT scans, x-rays, and a previous MRI. The patient's pain was noted to be 8/10. The patient's medication was noted to be Celebrex 200 mg. The patient was noted to have tenderness to palpation over the back and the sensory exam was noted to be intact L1 through S1 to light touch with no focal neurologic deficits. The patient's assessment was noted to be status post thoracolumbar instrumented fusion for burst fracture, and L5-S1 spondylolisthesis with stenosis and radiculopathy. The plan was noted to include CT scan of the thoracic and lumbar spine without contrast and an MRI of the lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan thoracic and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines..

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

**Decision rationale:** Low Back Complaints Chapter of the ACOEM Practice Guidelines recommend a CT scan for bony structures if physiologic evidence indicates impairment. As per the physician's submitted documentation of 09/30/2013, the physician stated that the patient's request for an MRI and CT scan were denied and the patient's symptoms were noted to be grossly unchanged. The patient continued to have pain 8/10. The examination revealed the patient had 5/5 in all muscle groups of the lumbar spine. The patient had downgoing toes to plantar stimulation, negative clonus, symmetric reflexes at the patella and Achilles were noted to be 2+. The patient was noted to have straight leg raises that were negative bilaterally. The sensory examination revealed the patient was intact L1 through S1 to light touch with no focal neurologic deficit. The patient was noted to have range of motion that was within normal limits to flexion, extension, and tilt, however, the patient was noted to have tenderness to palpation over the back. The discussion was noted to include a request to possibly consolidate the denied studies into a CT myelogram to evaluate the spinal elements and the bones at the same time. Clinical documentation submitted for review failed to provide the patient has physiologic evidence of tissue insult or nerve impairment, additionally it was opined the physician would like to proceed with a CT myelogram. Given the lack of objective findings to indicate a necessity for a CT scan, and the indication that the physician may change the request. The request for a CT scan of the thoracic and lumbar spine without contrast is not medically necessary and appropriate.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** According to the Official Disability Guidelines, a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). As per the physician's submitted documentation of 09/30/2013, the physician stated that the patient's request for an MRI and CT scan were denied and the patient's symptoms were noted to be grossly unchanged. The patient continued to have pain 8/10. The examination revealed the patient had 5/5 in all muscle groups of the lumbar spine. The patient had down going toes to plantar stimulation, negative clonus, symmetric reflexes at the patella and Achilles were noted to be 2+. The patient was noted to have straight leg raises that were negative bilaterally. The sensory examination revealed the patient was intact L1 through S1 to light touch with no focal neurologic deficit. The patient was noted to have range of motion that was within normal limits to flexion, extension, and tilt, however, the patient was noted to have tenderness to palpation over the back. The discussion was noted to include a request to possibly consolidate the denied studies into a CT myelogram to evaluate the spinal elements and the bones at the same time. The clinical documentation submitted for review failed to provide the patient had a significant change in symptoms and/or findings suggestive of a significant pathology to support the necessity for an MRI and per the documentation, the physician discussed changing the request. Additionally, it failed to provide exceptional factors to warrant

nonadherence to guideline recommendations. Given the above, and the lack of clarity for the requested scan. The request for an MRI of the lumbar spine without contrast is not medically necessary.