

<b>Case Number:</b>	CM13-0023910		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 42-year-old with an injury date on 3/12/12. Based on the 7/22/13 progress report provided by the provider, the diagnoses include back pain and right shoulder pain. The exam on 7/22/13 showed "good range of motion in L-spine but pain in mid/lower back." The provider is requesting computed tomography scan of the mid back (T8-T12) without contrast. The utilization review determination being challenged is dated 9/5/13. The provider is the requesting provider, and he provided treatment reports from 3/13/13 to 7/22/13 .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computed tomography (CT) scan of the mid back (T8-T12), without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapters, Online Versions, Indications for imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** This patient presents with back pain, especially in low thoracic area and is status post hernia repair surgery of unspecified date. The treating physician has asked for a

computed tomography scan of the mid back (T8-T12) without contrast on 7/22/13. The 3/13/13 report states patient had prior computed tomography (CT) scan that revealed a 8cm hernia, and a prior MRI (magnetic resonance imaging) revealed 3 bulging discs in the back, but the dates were unspecified. Regarding CT scans for the lumbar, the ACOEM recommends it when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Review of the reports do not show any evidence of X-rays being done in the past. In this case, the patient had a prior CT scan possibly of the lumbar region showing a herniated disc, and the treating physician requests a CT scan of the thoracic region to pinpoint the cause of persistent pain. However, the patient already had a CT scan and there are no new injury, no significant change in the patient's clinical presentation, no red flags to warrant a repeat imaging. The recommendation is for denial.