

<b>Case Number:</b>	CM13-0038485		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/13/2008
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Orthopedic Surgery, has a subspecialty in Spinal Surgery 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 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. 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 58-year-old male who reported a work-related injury on 02/13/2008; mechanism of injury was strain to the lumbar spine. The patient presents for treatment of the following diagnoses: status post L3-4 posterior interbody fusion; grade I ischemic spondylolisthesis of L5-S1. MRI of the patient's lumbar spine dated 06/11/2013 signed by [REDACTED] revealed: (1) virtually auto fusion at L3-4; (2) post left laminectomy at L4-5 without recurrent encroachment; (3) left eccentric annular protrusion dissects cephalad in the left lateral recess at L5-S1. The clinical note dated 08/23/2013 reports the patient was seen in consultation under the care of [REDACTED]. The provider documents the patient has undergone 2 previous lumbar surgeries and multiple epidural injections. The patient continues to present with complaints of severe left lower extremity pain radiating down to the great toe, as well as back pain increasing with standing and ambulation. The provider documents the patient's medication regimen includes benazepril, metformin, hydrocodone, gabapentin, naproxen, Zanaflex, and trazodone. The provider documents upon physical exam of the patient, weakness to the left EHL and anterior tibialis were noted at 4+/5. The provider documented the patient had a positive straight leg raise and diminished sensation along the L5 dermatome distally below the knee. The provider documented the patient's pain may be coming more likely from a pars defect and requested CT scan of the patient's lumbar spine.

### 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 Page(s): 303.

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

**Decision rationale:** The current request is not supported. The patient recently underwent MRI of the lumbar spine which revealed significant pathology at L5-S1 with desiccation cephalad behind the PLL and a focal cephalad directed protrusion into the left lateral recess that was noted to possibly be irritating the butting left S1 root. Further imaging of the patient's lumbar spine is not supported. The provider documents the patient is a surgical candidate; however, documentation of recent exhaustion of conservative treatment for a patient who is status post a work-related injury of over 6 years would not be supported. California MTUS/ACOEM indicates when a neurological examination is less clear, further physiologic evidence and nerve dysfunction can be obtained before ordering an imaging study. At this point in the patient's treatment, the request for CT scan of lumbar spine is not medically necessary or appropriate.

**Re-evaluation 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 (ODG), Section on Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cornerstone of Disability Prevention and Management - chapter 7 page 127.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review does not support the medical necessity for re-evaluation of the lumbar spine by the spine specialist who initially evaluated the patient on 08/23/2013. The patient utilizes pain management; however, documentation of recent lower levels of conservative care to include physical therapy interventions, as well as other active treatment modalities for the patient were not evidenced in the clinical notes reviewed. After review of the MRI of the lumbar spine, the patient is not a surgical candidate; therefore, further treatment under the care of [REDACTED] would not be indicated. As such, the request for re-evaluation of the lumbar spine is not medically necessary or appropriate.