

<b>Case Number:</b>	CM13-0052868		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/16/2010
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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 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 claimant is a 49-year-old female who injured her low back in a work related accident on October 16, 2010. Records note the claimant is status post a two-level L4-5 and L5-S1 fusion, performed in October 2012. Postoperative clinical imaging was not documented in the reviewed records. A clinical report dated June 11, 2013, describes ongoing complaints of low back pain that radiates to the left lower extremity. Physical examination findings were not reported. Given the claimant's ongoing complaints, a CT scan of the lumbar spine with 3D reconstruction was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CT SCAN LUMBAR SPINE WITH 3D RECONSTRUCTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** The California MTUS ACOEM Guidelines supported by the Official Disability Guidelines (ODG), the request for CT imaging cannot be supported as medically

necessary. The ACOEM Guidelines do not recommend routine CT imaging for acute, subacute, or chronic non-specific low back pain. The Official Disability Guidelines (ODG) recommends CT imaging when plain film radiographs do not confirm the status of the fusion. There is no documentation or report in the records of the results of plain film radiographs. Absent plain film radiographs in the postoperative setting or recent plain film radiographs, a CT scan of the lumbar spine with 3D reconstruction would not have been medically necessary in this case.