

<b>Case Number:</b>	CM13-0055031		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Emergency Medicine 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 injured worker is a 46-year-old male who complained of low back pain associated with lifting injury on or about 9/27/2010. Due to refractory symptoms, he underwent lumbar spine fusion by an orthopedic spine surgeon on or about 7/5/2012. He was seen by the surgeon for routine follow-up care, and a non-contrast computed tomography (CT) scan was ordered by the surgeon as a matter of post-operative follow-up to ensure that the bone was fusing appropriately to the implanted hardware. Major medical groups have recommended that fewer CT scans and other imaging tests be done for low back pain, for a variety of reasons, citing low clinical yield. Possible adverse effects of radiation dose are another concern. However, CT is recognized as the best modality for three-dimensional imaging of the bony structures of the spine. The surgeon requested that a CT scan be done approximately 1 year after the surgery to evaluate fusion of the bone to the hardware. A CT scan was done on 8/27/13, on the order of a different orthopedic surgeon, which showed appropriate fusion, per radiology. It is unclear whether this result was made available to the treating surgeon. On 10/17/2013 a CT of the lumbar spine was again requested, specifying 1mm cuts and 3D reconstruction, citing that the patient was last seen by the treating surgeon on May 21, 2013 and had been lost to follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computed tomography lumber spine without contrast material:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and National Institute of Health.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Canale & Beaty: Campbell's Operative Orthopaedics, 12th ed. Chapter 39, pg. 1642.

**Decision rationale:** As this is a post-operative case, general guidance on the use of computed tomography (CT) scan in low back pain does not apply. The MTUS Guidelines do not address the use of CT scan in the post-operative setting. An orthopedic textbook, cited above, which describes spinal fusion procedures, similarly does not provide helpful guidance on the topic of post-operative use of CT scan to assess a lumbar spine fusion. In the absence of evidence based guidelines, the managing surgeon's opinion takes precedence. The surgeon requested in his notes that a CT scan of the lumbar spine be done about one year post surgery, and it appears that this was done, on 8/27/13, with reformats. This seems to closely match what was requested. Since the patient was reportedly lost to follow up, and the treating surgeon apparently did not see the patient between May 2013 and October 2013, the surgeon may not have been aware that the CT was done in August and/or may not have received the result. If it is his intent that a second CT be done, his rationale for requesting another scan is not documented. There does not appear to be any significant change in the patient's condition or examination documented that would warrant a repeat CT scan some two months after the prior study. As such, the request is not certified.