Case Number:	CM13-0059150		
Date Assigned:	06/09/2014	**Date of Injury:**	07/13/2010
Decision Date:	08/07/2014	**UR Denial Date:**	11/05/2013
Priority:	Standard	**Application Received:**	11/29/2013

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 Internal 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 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:

Progress report dated October 16, 2013 was provided by neurological surgeon [redacted] MD. Patient presents on October 16, 2013, for a two-year postoperative evaluation after undergoing T9 to pelvic decompression, fusion, and instrumentation. Physical examination: Muscle strength is 5/5 in upper and lower extremities. Tone is normal. Deep tendon reflexes are normoactive and symmetrical. Sensory examination is intact. Coordination is normal. [redacted] requested a CT scan of the thoracolumbar spine without contrast as well as thoracolumbar MRI scan with and without contrast. lumbar spine radiographs date: 9/30/2013 Conclusion: There are findings related to posterior spinal fusion from T9 through the bilateral sacroiliac joints with apparent pedicle screws and vertical stabilization rods. No evidence of hardware failure or complication. There is osseous fusion of the posterior elements of the lumbar spine. Office note dated November 25, 2013 by [redacted] MD documented physical examination: General: The patient is awake and alert. He does not have any focal deficits for hip flexion, knee extension, or dorsiflexion. The patient does have decreased sensation in L4 distribution on the left. Neurological very stable examination. Utilization review decision date was November 5, 2013. Date of injury was July 13, 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the thoracic/lumbar spine, without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines recommends CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Progress report October 16, 2013 documented physical examination: Muscle strength is 5/5 in upper and lower extremities. Tone is normal. Deep tendon reflexes are normoactive and symmetrical. Sensory examination is intact. Coordination is normal. Office note dated November 25, 2013 documented physical examination: The patient is awake and alert. He does not have any focal deficits for hip flexion, knee extension, or dorsiflexion. The patient does have decreased sensation in L4 distribution on the left. Neurological very stable examination. Lumbar spine radiographs September 30, 2013 demonstrated: There are findings related to posterior spinal fusion from T9 through the bilateral sacroiliac joints with apparent pedicle screws and vertical stabilization rods. No evidence of hardware failure or complication. There is osseous fusion of the posterior elements of the lumbar spine. Medical records document normal muscle strength, normal tone, normal deep tendon reflexes, and stable neurological examination. X-ray of lumbar spine September 30, 2013 reported stable radiographic findings. Medical records do not document evidence of cauda equina, tumor, infection, or fracture. MTUS & ACOEM guidelines and medical records do not support the medical necessity of CT or MRI. Therefore, the request for CT scan of the thoracic/lumbar spine, without contrast, is not medically necessary or appropriate.