

<b>Case Number:</b>	CM13-0063329		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 and is licensed to practice in Illinois. 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 injured worker is a 43-year-old male who reported an injury on 09/27/2011. The mechanism of injury was not provided in the medical records for review. The clinical note dated 08/26/2013 noted the injured worker reported back pain rate 4/10. The injured worker reported radiation of pain down the right lateral thigh. The injured worker reported his back pain was severe at times. The injured worker noted he previously underwent epidural injections to his lumbar spine in the past, which helped decrease his pain significantly for only about 3 days. The injured worker's range of motion of the lumbar spine was assessed and documented as follows; flexion was 40 degrees, extension was 10 degrees, and left and right lateral bending were 10 degrees. The injured worker had decreased sensation to the S1 dermatome bilaterally noted on the physical

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPUTED TOMOGRAPHY (CT) OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition (2004)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)

**Decision rationale:** The ACOEM Guidelines, Low Back Chapter states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. ACOEM states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The documentation provided for review did not include any documentation indicating the injured worker has undergone an adequate course of conservative treatment with medications and physical therapy or any physical findings in the exam. The request for the Computed Tomography (CT) of the lumbar spine is not medically necessary and appropriate.