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| <b>Case Number:</b>   | CM13-0072597 |                              |            |
| <b>Date Assigned:</b> | 01/08/2014   | <b>Date of Injury:</b>       | 08/28/2004 |
| <b>Decision Date:</b> | 06/16/2014   | <b>UR Denial Date:</b>       | 12/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/31/2013 |

### 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 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 patient is an employee of [REDACTED] and has filed a claim for lumbar radiculopathy and post lumbar laminectomy syndrome associated with an industrial injury date of August 28, 2004. Treatment date has included TENS unit, physical therapy, home exercise program, opioid and non-opioid pain medications, epidural steroid injection, lumber fusion, and lumbar medial branch radiofrequency neurotomy. Medical records from 2012-2013 were reviewed showing the patient complaining of low back pain and bilateral lower extremity pain and right foot pain. The patient's pain is rated at 8/10. On examination, the lumbar spine reveal loss of normal lordosis with straightening of the lumbar spine and surgical scar. Range of motion was restricted for the lumbar spine. There were paravertebral muscle spasms and tenderness. Facet loading test was positive. Motor exam for the lower extremities was minimally reduced; this was rated at 5-/5. There was decreased sensation over the lateral foot, lateral calf, fourth toe, and fifth toe on the right. On MRI from March 2013 demonstrated interval removal of hardware at L5-S1 as well as some minor facet arthrosis at L4-L5. Utilization review from December 24, 2013 denied the request for CT scan of the lumbar spine due to previous imaging done earlier in the year confirming lumbar facet arthropathy.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Thoracic Spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** As stated on pages 303-304 of ACOEM Low Back Chapter referenced by CA MTUS, 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 or who are possible candidates for surgery. In this case, the patient had a previous MRI done on March 2013. The patient's symptomatology has been relatively the same since the beginning of 2013. There is no discussion concerning the need for a CT scan especially when there has already been previous imaging. Therefore, the request for a CT scan of the Lumbar Spine is not medically necessary.