

<b>Case Number:</b>	CM14-0008194		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Texas. 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 65 year old male who reported an injury to his low back. The clinical note dated 09/16/13 indicates the injured worker had been working on a psychiatric ward when he broke a left sided rib on 09/11/12. The injured worker reported the development of low back pain with radiating pain to the left lower extremity as well as numbness. The injured worker also reported occasional bowel and bladder incontinence. Physical activities exacerbated the injured worker's pain. Upon exam, the injured worker was able to demonstrate 5/5 strength in all extremities. No reflex deficits were identified. Decreased sensation was identified in the left lateral leg. The electrodiagnostic studies completed on 09/16/13 revealed a mild chronic denervation in the bilateral L5 and S1 nerve roots. The injured worker also demonstrated a tibial motor potential to be reduced. The findings indicated an axonal polyneuropathy seen with diabetes myelitis. The injured worker was recommended for a neurologic and urologic consultation given the bladder and bowel incontinence issues. The clinical note dated 08/14/13 indicates the injured worker's past medical history is significant for an L3-4 and L4-5 fusion in 1998. The injured worker subsequently underwent a hardware removal in January of 2000. The injured worker rated his low back pain at that time as 6-8/10. Numbness and tingling were identified in the left thigh and calf along with weakness throughout the left leg. The MRI of the lumbar spine dated 07/05/13 revealed a post-laminectomy at L3 through L5 with fusions of L4 and L5. Moderate central stenosis was identified at T12-L1. Marked central stenosis was also identified at L1-2, L2-3, and L3-4. Hypertrophic changes were also identified at the facet joints of L5-S1 bilaterally. A 3.5 broad based circumferential posterior disc/end plate osteophyte complex was revealed. The therapy note dated 02/11/13 indicates the injured worker having completed 12 physical therapy sessions to date. The injured worker had been compliant throughout the entire program.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CT OF THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The request for a CT scan of the lumbar spine is non-certified. The documentation indicates the injured worker complaining of a long history of low back pain. The clinical notes indicate the injured worker having recently undergone an MRI in 07/2013. Repeat imaging studies would be indicated provided the injured worker meets specific criteria to include significant changes involving the injured worker's symptoms or a development of new pathology identified by clinical exam. No information was submitted regarding the injured worker's significant changes in the symptomology. No information was submitted regarding any new pathology. Given these findings, this request is not indicated as medically necessary.