

<b>Case Number:</b>	CM14-0008420		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	09/02/2005
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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:

This is a 64-year-old female with a 9/2/05 date of injury to the low back secondary to repetitive lifting of heavy packages. The patient is status post a posterior decompression and fusion at L4/5 and L5/S1 in 2008 with subsequent hardware removal in 2010. Per a progress report dated 12/27/13 the patient was seen for ongoing low back pain complaints with radiation down the legs bilaterally. Strength, and sensation are intact, and straight leg raise is negative. There was no lumbar tenderness; range of motion (ROM) was normal. The patient is noted to be on Lyrica, Soma, Norco, and Trazadone. On 5/10/13 CT of Lumbar spine: post surgical changes with posterior decompression and fusion at L4/5 and L5/S1, multilevel degenerative disc disease with severe spinal canal stenosis at L3-4, moderate foraminal narrowing at L2-3 and L3-4. Diagnosis: lumbar disc degeneration. The treatment to date: PDF to L4-5 and L5-S1 in 2008 with hardware removal in 2010, medications, epidurals, physical therapy. A UR decision dated 1/7/14 denied the request given there was no documentation of any significant changes with regard to progressive neural deficits since the patient's prior Lumbar spine imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT LUMBAR SPINE W/O & W/DYE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter-CAT Scan.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter-CAT Scan.

**Decision rationale:** The CA MTUS does not address this issue. ODG criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. The patient has a 2005 date of injury to the low back status post multiple surgical procedures, including a posterior decompression and fusion at L4/5 and L5/S1 in 2008 with subsequent hardware removal in 2010. A CT of the Lumbar spine was done on 5/10/13 which revealed post surgical changes with posterior decompression and fusion at L4/5 and L5/S1, multilevel degenerative disc disease with severe spinal canal stenosis at L3-4, moderate foraminal narrowing at L2-3 and L3-4. A progress note dated 12/27/12 and 12/28/13 revealed no neurological deficits on exam. There has been no progression of neurological deficits of exam documented since the patient's CT of the Lumbar spine. Therefore, the request for a CT of the Lumbar spine was not medically necessary.