

<b>Case Number:</b>	CM14-0109443		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Family 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:

This is a 32-year-old male patient who reported an industrial injury to the back on 3/2/2013, 18 months ago, attributed to the performance of his usual and customary job tasks as a carpenter reported as falling from a height of 10 feet. The patient is being treated for the diagnoses of lumbar spondylolisthesis; degenerative disc disease; radiculitis/neuritis; myofascial pain; and depression. The patient has been prescribed sertraline 50 mg; ketoprofen 75 mg; omeprazole 20 mg; and topiramate 25 mg. The patient has received physical therapy; activity modifications; acupuncture; TENS unit; chiropractic therapy and the prescribed medications. The MRI dated 5/14/2013 documented evidence of anterior spondylolisthesis of L4 on L5 secondary to spondylolysis of the bilateral L4 pars interarticularis, degenerative disc disease of L4-L5, and neural foraminal stenosis at bilateral L4-L5. The EMG/NCV of the bilateral lower extremities demonstrated evidence of a lumbar radiculopathy at left L4 and bilateral L5. The patient reported having relief with medications and was noted to have a normal gait and limited range of motion to the lumbar spine with tenderness. The treatment plan included a CT scan of the lumbar spine.

### 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.

**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, MRI lumbar spine; CT scan lumbar spine

**Decision rationale:** There was no objective evidence provided by the requesting physician to support the medical necessity of the request for the CT scan of the lumbar spine as this was being requested as a screening test without documented changes in clinical status other than the subjective complaints. There was no rationale supported with objective evidence provided by the requesting physician. It was not clear that any surgical intervention was being contemplated. The medical necessity of the CT scan is not demonstrated as the imaging study is ordered as a screening test to confirm the results of the documented MRI findings for the lumbar spine. There were no objective findings documented by the requesting physician to support the medical necessity of the CT scan. The CT scan of the lumbar spine was ordered after review of the MRI of the lumbar spine without a rationale to support medical necessity by the requesting physician. There is no clear change in the status of the patient to support the medical necessity of the requested imaging studies for a new work up of the lower back pain attributed to the industrial injury. The requesting physician has not documented the presence of the criteria recommended by evidence-based guidelines for the authorization of a CT scan of the lumbar spine. There are no demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for repeated MRI studies or CT scan of the lumbar spine. The medical necessity of the requested CT scan of the lumbar spine was not supported with the subjective/objective findings recommend by the ACOEM Guidelines or the Official Disability Guidelines for the authorization of a CT scan of the lumbar spine. The patient's treatment plan as stated by the requesting physician did not demonstrate an impending surgical intervention or any red flag diagnoses. The treatment plan was not demonstrated to be influenced by the obtaining the CT scan of the lumbar spine. There were no demonstrated changes in the previously documented sensory or motor neurological deficits on physical examination; there were no demonstrated changes to the patient's neurological examination other than the subjective pain complaint and the patient was not shown to have failed a conservative program of strengthening and conditioning.