

<b>Case Number:</b>	CM14-0013234		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/03/2006
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 3, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier lumbar spine surgeries; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of January 23, 2014, the claims administrator denied a request for a CT scan of the lumbar spine with three-dimensional reconstruction. Despite the fact that the MTUS addressed the topic, the claims administrator cited non-MTUS ODG Guidelines. The claims administrator did not incorporate the cited guideline into its rationale, moreover, and appeared to base its denial on lack of provided medical records. A February 25, 2014 progress note is notable for comments that the applicant reports persistent low back pain radiating down the bilateral legs, 8-9/10. The applicant is having issues with numbness and tingling about the feet, it is stated, reportedly worsened. The applicant has failed physical therapy, epidural injections, and two prior spine surgeries, it is stated. The applicant had diminished sensorium about the L4 distribution with 5/5 lower extremity strength noted. Electrodiagnostic testing was suggestive of an L5 radiculopathy, it was stated. X-rays apparently demonstrate significant rotation of the L5 bone on the L4 bone, it was stated. It was stated that the applicant had rotational instability and that CT scanning was needed to evaluate the spine, nerves, and/or rotational instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPUTED TOMOGRAPHY (CT) WITH 3D RECONSTRUCTION OF LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-7, page 304, CT scanning of the lumbar spine is scored as a 3/4 in its ability to identify and define suspected spinal stenosis and/or disk protrusion, some of the issues which could potentially be present here. The MTUS Guideline in ACOEM Chapter 12, page 303 further states that CT scanning is a test of choice to define a potential cause of low back complaints associated with bony structure. In this case, the attending provider stated that the applicant may have some rotational instability of the L4 and L5 vertebral body status post earlier fusion surgery at these levels. The applicant has apparently had electrodiagnostic testing which has demonstrated an active L5 radiculopathy. CT scanning to more clearly delineate the extent of the applicant's radiculopathy and/or rotational instability is therefore indicated and appropriate. Accordingly, the request is medically necessary.