

<b>Case Number:</b>	CM14-0014651		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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:

This 52-year-old patient sustained a low back injury after bending over while seated on a stool on 2/7/11 during employment with [REDACTED]. The request under consideration includes: outpatient CT (computed tomography) scan of the lumbar spine. The diagnoses include status post lumbar discectomy and fusion L5-S1 on 10/8/12; right shoulder arthroscopy in August 2011; and left ulnar nerve transposition in 2011. Conservative care has included medications and physical therapy. The report of 12/26/13 from the provider noted patient with persistent low back pain worsening over past 3 weeks rated at 7/10. The report of 3/6/14 noted patient with persistent low back pain with increased discomfort rated at 7/10; she has no radicular type symptoms and is tolerating Norco. Lumbar X-rays dated 1/3/13 noted s/p L5-S1 fusion with no fracture or acute abnormality of the lumbar spine. Lumbar spine MRI (magnetic resonance imaging) dated 10/24/13 noted no evidence of fracture/ L5-S1 discectomy and anterior fusion/ no central or foraminal stenosis/ degenerative disc protrusion at L2-3 without stenosis/slight facet hypertrophy at L2-3 and L4-5 with small generalized bulge without stenosis. The exam noted diffuse lumbosacral tenderness with myofascial restriction and muscle spasm; motor strength intact 5/5; functional range; negative straight leg raise; and intact deep tendon reflexes 2+ and sensation throughout extremities. The request is for updated CT scan. The request for the CT scan of the lumbar spine was non-certified on 1/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **OUTPATIENT CT SCAN OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The exam showed tenderness and decreased range, but with intact neurological exam in motor strength, sensation, and reflexes without remarkable provocative testing. The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Per the ACOEM guidelines, the criteria for ordering imaging studies include: "emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies." Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for CT (computed tomography) scan of the lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact motor strength, deep tendon reflexes, and sensation throughout bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. As such, the request for outpatient CT (computed tomography) scan of the lumbar spine is not medically necessary and appropriate.