

<b>Case Number:</b>	CM14-0015714		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/22/1997
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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:

The patient is a 46-year-old male who was injured on July 27, 1997. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing a posterior non-segmental fixation at L4 and L5, posterolateral arthrodesis L4-5 and laminectomy, bilateral interlaminar decompression L4-5 on September 17, 2013. Diagnostic studies reviewed include CT scan of the lumbar spine w/o contrast dated March 12, 2013 with the following impression: 1) Disc replacement with metallic artifact. 2) L4-S1 status post anterior interbody fusion with bony bridging and screw fixation. 3) Mild lumbar Spondylotic changes. Progress noted dated December 23, 2013 documented the patient describes his current degree of pain as moderate. He is experiencing constant pain. The pain is located in the back and right leg. He describes the back/leg pain ratio at 90% back pain and 10% leg pain. Objective findings on exam of the lumbar spine reveals movement is abnormal and limited. Flexion is 40/90 degrees with pain and extension 10/30 degrees with pain. Reflexes of the lower extremities are bilateral patellar 2+, bilateral Achilles 1, bilateral clonus is not present and Babinski is downgoing. Motor strength of the lower extremities is normal bilaterally. Diagnoses: Post fusion syndrome; Post laminectomy syndrome. Recommendations: CT scan lumbar spine. UR report dated January 10, 2014 did not certify the request for a CT scan of the lumbar spine. There is no presenting explanation of need for the CT scan and there is no specific diagnosis presented for need of special study. The patient has had a persistence of pain, however there is no mention of clinical change or altered findings on examination. There is no mention of findings on routine x-ray and no presentation of clear rationale in doing the CT scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPUTED TOMOGRAPHY (CT) SCAN OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, LOW BACK COMPLAINTS, 308-310

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, "if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The patient had CT of the lumbar spine on March 12, 2013 and the medical records do not show any recent changes in the patient's signs or symptoms. There is no documentation of any new events or red flag signs such as fever, weight loss, etc. There is no mention of neurological abnormalities on exam. No surgical intervention is being planned. The request for a CT scan of the Lumbar spine is not medically necessary or appropriate.