

<b>Case Number:</b>	CM14-0126478		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2014

### 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 45 year old female with a 4/1/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/28/14 noted subjective complaints of back and left leg pain. Objective findings included diminished motor strength and decreased sensation in the left lower extremity. There was left sided paraspinal tenderness and pain on palpation of the sciatic notch. It is noted that a CT lumbar is requested for preop planning, to rule out calcified disk versus regular disk and that the patient has decided to proceed with the recommended L4-5 microdiscectomy. Lumbar MRI showed L4-5 neural foraminal narrowing. Diagnostic Impression: lumbar radiculopathy. Treatment to Date: medication management, physical therapy, prior ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reconsideration - CT scan of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines:CT 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.

**Decision rationale:** Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. 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. However, the provided documentation indicates that there has already been a recent lumbar MRI utilized for pre-operative planning. The provider and patient have already decided to proceed with lumbar surgery and this has been approved. The request for lumbar CT is for pre-op planning to rule out a calcified disk. Since the surgery will take place regardless of the results and an MRI is already available for anatomic planning, it is not specified and therefore unclear how a CT would influence/change the patient's management. Therefore, the request for CT scan of the lumbar spine without contrast was not medically necessary.