

<b>Case Number:</b>	CM14-0131845		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 43 year-old patient sustained an injury on 8/3/11 from a slip and fall after carrying a ladder down some steps while employed by [REDACTED]. The patient is s/p lumbar fusion at L4-5. Request(s) under consideration include CT Scan - Lumbar Spine. Report of 7/11/14 from the provider noted the patient with ongoing chronic knee, lumbar spine, and right shoulder pain rated at 4-8/10. Exam showed tenderness at midline and paraspinals; limited range of motion; no swelling; right knee with painful motion of 0-120 degrees; patellofemoral crepitus; positive McMurray; 5-/5 quad strength; right shoulder with tenderness at AC joint; positive O'Brien's and cross-arm tests; diffuse weakness of 4/5 strength to resistance in upper extremities. Treatment include MRIs of right shoulder, knee, CT scan of lumbar spine and EMG/NCS of lower extremities. Review indicated there was a recent CT scan per report from March describing grade I anterolisthesis L4 on L5 s/p ant/posterior fusion at L4-5 with pedicle screws. Peer reviewer discussed with provider who "wished to withdraw this request." The request(s) for CT Scan - Lumbar Spine was non-certified on 8/6/14 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:

**CT Scan - Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** ACOEM Treatment Guidelines states Criteria for ordering imaging studies such as the requested CT scan of the Lumbar Spine 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 the CT scan of the Lumbar spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT Scan - Lumbar Spine is not medically necessary and appropriate.