

<b>Case Number:</b>	CM14-0132117		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/11/1993
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/07/2014
<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, has a subspecialty in Pain Management, 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 patient with a date of injury of February 11, 1993. A utilization review determination dated August 7, 2014 recommends non-certification of lumbar spine CT scan. It referenced a July 14, 2014 medical report identifying severe upper back pain with BLE pain. On exam, the patient stands in a flexed posture and is out of balance. He has a history of multiple spine surgeries. X-rays showed lateral and posterior spinal fixation from T6-7 and L1-S1. MRIs and CTs were requested. April 22, 2014 medical report identifies that the patient had a spinal intrathecal pump trial with good results with a period of time of 100% relief of pain. On exam, there is difficulty with flexion and extension in the lumbar spine. SLR is positive. The provider notes that the patient will need a CT scan and x-rays prior to the implantation of the intrathecal pump so the surgeon can evaluate the surgical approach. Authorization was requested for the CT scan and for permanent pain pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Worker's Compensation, Online Edition, Chapter: Low Back Lumbar & Thoracic (Acute & Chronic) CT (computed tomography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

**Decision rationale:** Regarding the request for CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within four to six weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, it is noted that the CT is requested so that the surgeon can evaluate the surgical approach prior to permanent implantation of an intrathecal pump. However, the patient has had multiple spine surgeries and, presumably, prior CT scans, but the date and results of the most recent study are not noted in order to determine the medical necessity of updated imaging. Furthermore, the documentation suggests that the permanent implantation of the intrathecal pump has not been authorized as of the most recent medical reports. In light of the above issues, the currently requested CT scan of the lumbar spine is not medically necessary.