

<b>Case Number:</b>	CM14-0150684		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 27, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery with subsequent revision; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for CT imaging of the lumbar spine. The claims administrator stated that the applicant should undergo plain film radiographs prior to requesting a CT scan. The claims administrator did not state what guideline it was basing this particular section of its opinion on. The claims administrator stated that it was basing its denial on an August 27, 2014 RFA form. The applicant's attorney subsequently appealed. In a March 17, 2014 progress note, the applicant reported ongoing complaints of low back pain status post earlier lumbar spine surgery on January 30, 2014. Severe, 10/10 pain was noted. 5-/5 right lower extremity strength was noted with diminished left lower extremity strength noted. The applicant was status post partial fusion at L4-L5, it was noted. Vicodin and Ambien were endorsed. Plain films of the lumbar spine were seemingly sought. The remainder of the file was surveyed. It did not appear that the August 27, 2014 RFA form and/or associated progress notes on which the CT scan at issue was sought was incorporated in the IMR packet. The claims administrator did state in its UR report that the applicant had been seen on August 18, 2014 reporting ongoing complaints of low back pain radiating to the bilateral lower extremities. In an April 14, 2014 progress note, the applicant reported ongoing complaints of low back pain with associated radicular leg complaints. The applicant was apparently improving following earlier spine surgery and was now able to walk without the aid of a walker. 4 to 4+/5 bilateral EHL strength was noted. The applicant had

diminished sensorium about the left L5 distribution. CT scan of the lumbar spine showed good position of the fusion hardware at the L4-L5 level. It was stated that the applicant had significant bone spurring effacing the neuroforamina at L4 causing compression on the exiting left L5 nerve root. SI joint injection therapy and followup plain films of the lumbar spine were sought to evaluate the position of the surgical hardware. The applicant was kept off of work, on total temporary disability, for an additional six weeks. On June 30, 2014, the applicant was described as having ongoing issues with depression, chronic pain, helplessness, hopelessness, and poor energy level. The applicant was off of work, it was acknowledged.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CT Scan of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 does score CT imaging a 3/4 in its ability to identify and define suspected spinal stenosis and a 3/4 in its ability to identify and define suspected disk protrusion, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The claims administrator did not seemingly incorporate the August 28, 2014 RFA form and/or associated August 18, 2014 progress note on which the article at issue was sought into the Independent Medical Review packet. The information on file, however, did not support or substantiate the request. It was not stated why the CT scan in question was sought. It appeared, based on the information already on file, that the applicant had residual issues with left L4-L5 radiculopathy following earlier failed fusion surgery. It was not clearly stated or clearly established that the applicant would act on the results of the repeat CT scanning proposed here and/or pursue further spine surgery involving the lumbar spine, based on the information currently on file. Therefore, the request is not medically necessary.