

<b>Case Number:</b>	CM14-0168609		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Interventional Spine 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 54 years old male with an injury date on 07/22/2011. Based on the 08/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post L4-L5 and L5-S1 fusion, 12/06/2012. Low back pain<sup>3</sup>. Lumbar radiculopathy. According to this report, the patient complains of low back pain and bilateral leg pain. The patient ambulates with a cane. The 07/28/2014 reports the patient had "normal range of motion (ROM) and strength, no joint enlargement or tenderness" in the right upper extremities (RUE) and left upper extremities (LUE). Radiating pain throughout left and right leg is noted. The 06/30/2014 report indicates the patient "going to physical therapy. Less back pain." The 06/23/2014 report mentions that the patient is 18 months status post; "had improved from prior surgery greater than 50%." There were no other significant findings noted on this report. The utilization review denied the request on 09/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/14/2014 to 10/13/2014.

### 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. 1mm cuts with 3D reconstruction:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, CT Scan.

**Decision rationale:** According to the 08/25/2014 report by [REDACTED] this patient presents with low back pain and bilateral leg pain. The provider is requesting decision for CT scan of the lumbar spine 7 mm cut with 3rd reconstruction. The utilization review denial letter states "the records and peer discussion indicate good progress and there are no red flag or new onset neurological finding reported." Regarding computer tomography, ODG states "Not recommended" except for indications of Lumbar spine trauma: with neurological deficit, seat belt fracture or myelopathy infectious disease. Review of reports do not mentions of prior CT scan done. In this case, the patient does not present with lumbar spine trauma that has neurological deficit, seat belt fracture or myelopathy infectious disease. Furthermore, the patient is s/p lumbar fusion but there is no suspicion for pseudoarthrosis. The patient seems to be doing fairly well without any post-operative problems. There is no suspicion for hardware failure either. Therefore, the request for CT scan of the lumbar spine 1mm cuts with 3D reconstruction is not medically necessary or appropriate