

<b>Case Number:</b>	CM14-0172766		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 & 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 49 year-old patient sustained a low back injury on 8/5/11 while employed by [REDACTED]. Request(s) under consideration include CAT Scan of Lumbar Spine. Diagnoses include lumbar L4-S1 fusion with instrumentation July 2013 and left ankle arthroscopy on 3/1/12. Conservative care has included medications, therapy, lumbar injections, and modified activities/rest. The patient continues to treat for chronic symptom complaints. There was recent CAT scan of lumbar spine dated 3/20/14 showed "L4-S1 fusion; no evidence of any hardware loosening; evidence of solid bony incorporation of interbody spaces at L5-S1 and some bony incorporation of interbody space at L4-5; mild left poster lateral osteophyte spurring at L5-S1; and 2 mm disc bulge at L3-4." Independent Medical Evaluator report of 4/10/14 noted low back exam with normal spinal alignment; antalgic gait; not wearing back support; surgical scar; tenderness on palpation of lumbosacral interspace and midline; no muscle spasm; limited range of flex/ext of 60/25 degrees; diffuse 4/5 motor strength and diffuse decreased sensation in bilateral lower extremities. X-rays 3 views showed posterior instrumentation including pedical screws and interbody constructs at L4-5, L5-S1. CT scan was reviewed. There was treatment recommendation for repeating CT scan of lumbar spine only noting consideration to incorporate aquatic therapy. Current report noted patient with ongoing low back and left ankle/foot symptoms. Exam showed tenderness in low back; 4/5 motor strength at left ankle and knee; decreased sensation in bilateral feet on plantar surfaces with limited and painful flexion extension range; exam of left ankle and foot showed tenderness to palpation on dorsum mid and forefoot. Current lumbar spine x-rays performed showed previous surgeries without evidence for hardware loosening with well-maintained alignment. The request(s) for CAT Scan of Lumbar Spine was denied on 9/16/14 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:

### **CAT Scan of 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 Low Back Chapter

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

**Decision rationale:** Per ACOEM Treatment Guidelines for Low Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, 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 repeating the CT scan of the Lumbar spine nor document any specific changed or progressive neurological clinical findings to support repeating this imaging study per multiple submitted reports. There is no documented acute-flare up, defined progressive deficits, ADL limitations, or report of any new injury to support repeating the imaging study for this chronic injury of 2011 with recent CT scan and lumbar spine X-rays showing intact fusion with no evidence for loosening. IME also had no recommendation for repeating the study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CAT Scan of Lumbar Spine is not medically necessary and appropriate.