

<b>Case Number:</b>	CM14-0177768		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	04/24/2001
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 51-year-old female with date of injury of 04/24/2001. The listed diagnoses per [REDACTED] from 10/01/2014 are pain in the joint, lower leg; knee pain; elbow pain; and reflex sympathetic dystrophy (RSD) of the upper limb. According to this report, the patient complains of right elbow, left knee, and midline sacral pain. The patient underwent spinal cord stimulator implantation on 03/31/2006 presumably for complex regional pain syndrome. She has had 2 to 3 left knee arthroscopic surgeries, date of which is unknown, followed by left knee replacement surgery performed on 12/10/2012. The examination shows the patient has an antalgic gait, assisted by a cane. Sacrococcygeal pain, trigger point with radiating pain and twitch response on palpation at the lumbar paraspinal muscles on the right. Motor strength is 4/5 on the right and 5/5 on the left. Thoracic paravertebral muscles show hypertonicity, spasm, tenderness and tight muscle band on both sides. Sensory examination to light touch is patchy in distribution. Deep tendon reflexes are hyporeflexic. Waddell's signs are negative. The documents include progress reports from 05/05/2014 to 10/30/2014. The utilization review denied the request on 10/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT of Lumbar and Sacral Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

**Decision rationale:** This patient presents with right elbow, left knee, and midline sacral pain. The provider is requesting a CT scan of the lumbar and sacral spine. The ACOEM Guidelines page 309 under CT or MRI states that it is recommended when cauda equine tumor, infection, or fracture is strongly suspected, and plain film radiographs are negative. Official Disability Guidelines states that it is not recommended except for the following indications: equivocal or positive plain films with no neurologic deficit; trauma in the lumbar spine; neurological deficit in the lumbar spine; infectious disease patient, et cetera. The records do not show a CT scan of the lumbar spine in the past. The 08/06/2014 report shows that the patient pain has been more severe recently at the coccygeal area. The sacral block that she received was helpful for 8 to 9 days. The examination of the lumbar spine notes sacrococcygeal pain. Sensory examination to light touch is patchy in distribution. Motor strength is 4/5 on the right and 5/5 on the left. Deep tendon reflexes are hyporeflexic. The provider is requesting a CT of the lumbar and sacral spine to rule out herniation or instability of the lumbar spine given that the patient has a spinal cord stimulator and unable to do an MRI. However, the patient does not present with any radicular symptoms to suspect lumbar spine pathology. The patient has coccygeal pain with trigger points. No nerve root tension signs are demonstrated, and the patient primarily presents with leg symptoms due to complex regional pain syndrome (CRPS). Therefore, this request is not medically necessary.