

<b>Case Number:</b>	CM14-0177888		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/01/2014
<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 Family Medicine 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:

53-year-old male claimant to sustained a work injury on September 24, 2012 involving the low back and the left knee. He was diagnosed with lumbar degenerative disc disease, lumbar facet syndrome, bilateral sacroiliac joint arthropathy and knee derangement. He underwent a left knee arthroscopy. Progress note an August 29, 2014 indicated the claimant had continued 8/10 back pain. Exam findings were notable for tenderness in the piriformis regions, tenderness in the sacroiliac region, positive straight leg raise test bilaterally, and reduced range of motion of the lumbar spine. The claimant had a previous MRI which showed degenerative disc disease. The CT scan was ordered to evaluate the facet for definitive arthropathy since the physician was considering blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT (Computed Tomography) Scan of the Lumbar Spine:** Upheld

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

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

**Decision rationale:** According to the ACOEM guidelines, a CT (Computed Tomography) Scan of the Lumbar Spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for a CT (Computed Tomography) Scan of the Lumbar Spine is not medically necessary.