

<b>Case Number:</b>	CM14-0024985		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and 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 injured worker is a 64-year-old male who reported an injury on 06/30/2009. The mechanism of injury was a slip and fall. The diagnoses included joint pain of the left leg, knee chondromalacia patella, ankle/foot arthralgia, lumbar/lumbosacral disc degeneration, low back syndrome, sesamoiditis, knee medial meniscal tear, status post Lisfranc injury of the left foot, and status post fusion and hardware removal. Previous treatments include epidural steroid injections, medication, and surgery. Within the clinical note dated 01/22/2014, it reported the injured worker complained of soreness to the left ankle. He complained of pain to the bilateral legs. The injured worker reported having lumbar spine pain without numbness or radiation. Upon the physical examination of the lumbar spine, the provider noted flexion at 80 degrees and extension at 20 degrees. Tenderness was noted at the L5-S1 on palpation with moderate spasms. The provider requested a CT of the lumbar spine. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 01/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT LUMBAR SPINE W/O DYE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG).

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

**Decision rationale:** The request for CT of lumbar spine without dye is non-certified. The injured worker complained of the lumbar spine pain. He denied any numbness or tingling or pain radiating down his legs. The California MTUS/American College of Occupational and Environmental Medicine states clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. Indiscriminate imaging will result in a false positive finding, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are evaluated. There is lack of documentation indicating neurological deficits of the lumbar spine including decreased sensation, or motor strength to warrant further evaluation of imaging. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery requiring a CT of the lumbar spine. The provider's rationale for the request was not provided. The medical necessity for imaging was not established. Therefore, the request for a CT of the lumbar spine without dye is not medically necessary and appropriate.