

<b>Case Number:</b>	CM14-0025080		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/03/2002
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/21/2014
<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 Physical Medicine & Rehabilitation and is licensed to practice in Texas 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 61 year old female who sustained an injury to her low back on 10/03/02. The mechanism of injury was not documented. Plain radiographs of the lumbar spine revealed dynamic degenerative grade 1 anterolisthesis at L2-3; fusion appears fairly solid with instrumentation at L3 through S1. The injured worker has continued to have back and left shoulder pain. After reviewing the plain radiographs including flexion and extension films, the injured worker was reportedly told that the upper lumbar segments are "collapsing". A CT scan was ordered due to the fact that further surgery may be necessary depending on the CT scan results. The injured worker also complained of frequent right shoulder pain anteriorly, laterally, and superiorly with decreased range of motion and decreased strength. The CT scan was recommended for concern for stenosis above fusion as well as the epidural steroid injection provided her with only 1 month of relief. The injured worker was unable to have MRI scan due to spinal cord stimulator. The last CT scan of the lumbar spine was performed on 09/04/13.

### 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 WITH INTRATHECAL CONTRAST AT T9 TO L3 ONLY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low back chapter, CT (computed tomography).

**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 (computed tomography).

**Decision rationale:** The request for a CT scan of the lumbar spine with intrathecal contrast at T9 through L3 is not medically necessary. The previous request was denied on the basis that it was unclear why a CT scan is indicated. There should be ample findings in the prior CT scan that was performed on 09/04/13 to explain the injured worker's symptoms. There did not appear to be any major change in her clinical picture since that time. There was no report of a new acute injury or exacerbation of previous symptoms. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for a CT scan of the lumbar spine with intrathecal contrast at T9 through L3 only is not indicated as medically necessary.