

<b>Case Number:</b>	CM14-0035310		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/06/1996
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Emergency 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:

Patient with reported date of injury on 9/6/1996. No mechanism of injury was provided from records. Patient has a diagnosis of revision L4-5 global fusion with prior surgery on 12/2006 and post revision of anterior/posterior fusion on 4/17/13; spondylolisthesis at L2-3 and L3-4 grade 1; chronic neck and bilateral arm pains; prior lumbar fusion L4-5(2/04); thoracic disc herniation and neck bilateral foraminal stenosis with degenerative changes. Medical records reviewed. Last report available until 1/23/14. The patient complains of low back pain radiating to bilateral lower extremities. Pain worsens with walking. Pain is 9/10 and improves to 6-7/10 with medications. Also complains of back spasms. Recent objective exams were not provided. Most recent exam is from 12/27/13. Noted 1+ reflexes in bilateral lower extremities, strength was normal. Negative Hoffman's, ankle clonus and Babinski's. Negative straight leg raise. Able to heel-toe walk. Some instability with tandem walk. X-rays of LS Spine(11/14/13) shows hardware in position and intact. The MRI of LS Spine(4/12/13) revealed post surgical changes, L5-S1 neural foraminal stenosis, Degenerative disease and no other signs of disc disease. CT LS Spine (4/13/13) revealed surgical changes with inter body fusion at L4-5 with no osseous fusion-unchanged from prior, fusion at R at L4-5 of posterior elements with pseudoarthrosis of L posterior element fusion at L4-5. Degenerative changes. Current medications include MS Contin, OxyIR, neurontin, bisacodyl, viagra, colace and robaxin. Independent Medical Review is for CT Scan of lumbar spine. Prior UR on 2/25/14 recommended non-certification. UR report records a conversation with treating Physician Assistant and was not able to gain any additional information. A CT scan of lumbar spine report done on 5/5/14 was submitted for review. However, there is no documentation that this CT was done with UR approval. The results of this report will not be considered for IMR determination as per MTUS guidelines since prospective data does not retrospectively change the criteria needed to determine medical necessity on the

original CT request. All prospective charts submitted that was not relevant to the original request was not considered for this review.

### **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:** Upheld

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

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

**Decision rationale:** A Patient has a complicated back history with multiple surgeries and complications and is 1 years out from last surgery. As per MTUS Chronic pain guidelines, CT Scan of lumbar spine may be recommended with significant changes in patient's pain or exam and/or presentation concerning for red flag pathology that may lead to loss of function or threat to limb or life. Pt had a recent Xray of the lower back done on 11/13 that showed good alignment and intact hardware. The documentation does not support any of these indications. In fact, there is no documentation provided as to why the CT was even requested. Patient's pain is baseline and chronic and not significantly worst. Last note from 1/23/14 just basically states that exam is unchanged with no proper documentation of an actual physical exam.