

<b>Case Number:</b>	CM14-0042152		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/03/2005
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 62 year old male who sustained an injury to his low back on 03/03/06. The mechanism of injury was not documented. A clinical note dated 01/06/14 reported that the injured worker is currently taking Tramadol, Naproxen, Flexeril, Omeprazole, and Biotherm. The injured worker stated these medications helped with the pain. The injured worker stated that he has been getting stomach irritation with the Naproxen and has had no new injuries since the last visit. The injured worker is not attending therapy and is not working. The injured worker is continuing to have constant low back pain that radiates into the right leg down to the knee with associated numbness/tingling occasionally on the right thigh. The most recent clinical note dated 04/14/14 reported that the injured worker continued to complain of low back pain at 6-9/10 on the visual analog scale. The pain now radiates across the low back and down the lateral lower extremities into the feet. Physical examination noted straight leg raise 60 degrees positive right and 65 degrees left producing pain in the low back; tenderness over the posterior superior iliac spine right; the injured worker lacks 2-3 finger breaths from touching chin to chest. The injured worker was diagnosed with musculoligamentous sprain of the lumbar spine and disc bulges at L4-5, L5-S1. A CT scan was ordered and the injured worker was recommended to return to the clinic every 2-3 months.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders).

**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 without contrast is not medically necessary. The previous request was denied on the basis that it was not indicated how this would alter the injured worker's treatment and it is already noted that routine x-rays of the lumbosacral spine are not present. Based on lack of rationale and routine x-rays, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant 'red flags' identified. There were no previous imaging studies provided for review. Given this, the request for a CT scan of the lumbar spine without contrast is not medically necessary.