

<b>Case Number:</b>	CM14-0043495		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

Medical Review determinations. 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 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

### 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 records presented for review indicate that this 60-year-old gentleman was reportedly injured on August 1, 2007. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated March 14, 2014, indicates that there are ongoing complaints of low back pain radiating to the right greater than left lower extremity. Current medications include cyclobenzaprine, gabapentin, omeprazole, Toradol, and topical analgesics. The physical examination demonstrated decreased range of motion of the lumbar spine. There was decreased sensation to light touch along the L5 nerve distribution and muscle strength of 4/5 of the right extensor hallucis longus. There was a positive right-sided straight leg raise test at 50. Diagnostic imaging studies of the lumbar spine dated January 22, 2008, revealed disc bulges at L1 - L2, L2 - L3, and L4 - L5 with mild right-sided foraminal stenosis. A CT of the lumbar spine dated March 8, 2012 reveals a fusion at L4 - L5 and heterotopic bone formation at the left lateral recess of L4 - L5 affecting the exiting nerve root and causing disk space narrowing. Lower extremity nerve conduction studies dated February 25, 2013 showed findings of a bilateral L5 and S1 radiculopathy. Previous treatment includes a lumbar fusion at L4 - L5, physical therapy, chiropractic care, and oral medications. A request had been made for a CT of the lumbar spine and was not certified in the pre-authorization process on March 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar CT Scan:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines; Low Back - Lumbar and Thoracic (Acute & Chronic) - Computed Tomography (updated 08/22/14).

**Decision rationale:** According to the Official Disability Guidelines a CT of the lumbar spine is indicated to evaluate the success of a fusion. A prior CT of the lumbar spine dated March 8, 2012, indicates a successful fusion with heterotopic bone ossification affecting the exiting nerve root. Considering that this CT scan was performed two years ago and that the injured employee's heterotopic ossification can increase over time, this request for a CT scan of the lumbar spine is medically necessary.