

<b>Case Number:</b>	CM14-0046977		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 General Preventative Medicine and is licensed to practice in Indiana. 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:

This employee is a 47 year old male with date of injury of 6/29/2010. A review of the medical records indicate that the patient is undergoing treatment for cervical spine chronic strain with degenerative disc disease, lumbosacral spine chronic strain with a disc bulge at L4-L5 and L5-S1. Subjective complaints include continued cervical and lumbar pain. Treatment has included L4-L5 transforaminal discectomy and fusion and hydrocodone and physical therapy 3 times/week. The utilization review dated 3/21/2014 non-certified a CT of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CT SCAN LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** There is very little explanation give in the medical record for the reason of the CT request and very little current information on current pain control measures or functional improvements after his latest surgical intervention. It is stated that the employee has residual low back pain after his surgery, and the CT is to determine the reason for the persistent pain.

The guidelines cited above state that a CT is indicated for neck or upper back complaints when looking to evaluate certain red-flag diagnoses. There is no indication from the the medical records that this employee is showing symptoms of any red-flag diagnoses. Additionally, the guidelines state that MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month, bone scan if tumor or infection possible. The medical record provided for this employee does not support any of the above statements. Therefore, a CT of the lumbar spine is not medically necessary.