

<b>Case Number:</b>	CM14-0060674		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for mid back pain, low back pain, and knee pain reportedly associated with a slip and fall industrial contusion injury of April 3, 2014. The applicant has been treated with the following: Analgesic medications; initial imposition of work restrictions; and reported return to regular work. In a Utilization Review Report dated April 28, 2013, the claims administrator denied a request for computerized tomography (CT) scanning of the thoracic and lumbar spines. In an appeal letter dated May 1, 2014, the applicant stated that she wanted to have a CT scan done so as to identify a potential pain generator. The applicant seemingly suggested that she was dissatisfied with her progress to date and further noted that she was status post earlier lumbar fusion surgery, three level, on June 4, 2011. The applicant stated that she was concerned that the industrial contusion injury had resulted in symptoms of low back and radicular pain, all of which she attributed to the industrial injury. The applicant's letter was apparently dated July 16, 2014. The applicant complained of numbness about the legs in several sections of her letter. In an April 3, 2014, Doctor's First Report, the applicant had apparently complained of slipping on a piece of ice in the cafeteria at work, striking her knee, hand, and spine. The applicant did have comorbidities, including hypothyroidism, dyslipidemia, and a history of breast cancer. Tramadol and work restrictions were endorsed at that point. In a handwritten note date June 10, 2014, the applicant was described as having persistent complaints of low back pain. Tramadol was apparently endorsed while the applicant was returned to regular duty work. The note was extremely difficult to follow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT OF THORACIC SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

**Decision rationale:** While the American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 8, Table 8-8, page 182 do recommend magnetic resonance imaging (MRI) or computerized tomography (CT) scanning to evaluate red-flag diagnoses such as fracture, tumor, infection, or neurologic deficit, in this case, however, there is no clear, concrete, or well-described evidence of neurologic compromise associated with the thoracic spine present here. The attending provider's progress notes were sparse, handwritten, and extremely difficult to follow. Neither the attending provider's progress notes nor the applicant's letter explicitly made any reference to the thoracic spine as representing the primary pain generator here, it is incidentally noted. For all of the stated reasons, then, the request is not medically necessary.

**CT OF LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-7, page 304.

**Decision rationale:** As noted in the American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 12, Table 12-7, page 304, computerized tomography (CT) scanning is scored at 3 out of 4 in its ability to identify and define suspected disk protrusions and/or spinal stenosis, both of which are diagnostic considerations here. The applicant has a history of earlier multilevel lumbar fusion surgery. The applicant, by her own self-report, has heightened radicular complaints, including lower extremity paresthesias and numbness, which have failed to subside after several months of observation and conservative management. Given the applicant's age (55), recent trauma, and history of prior spine surgery, a disk protrusion and/or spinal stenosis could very well be diagnostic considerations. CT scan and lumbar spine to further evaluate the same is indicated, given the failure of conservative management. Therefore, the request is medically necessary.