

<b>Case Number:</b>	CM14-0070088		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 patient is a 47-year-old male who has submitted a claim for lumbago associated with an industrial injury date of November 28, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of increased lumbar pain. He underwent L5-S1 laminectomy with partial facetectomy and discectomy followed by interbody fusion and posterolateral fusion on September 17, 2012. Physical examination showed limping and tenderness of the lumbar spine more on the left. CT scan of the lumbar spine without contrast on October 30, 2013 showed status post-surgery with bilateral pedicle screws and interconnecting rods at the levels of L5 and S1 along with intervertebral disc spacer L5-S1 and at least partial bony incorporation across L5-S1 disc space; mild diffuse disc bulge along with mild degenerative facet and ligamentous hypertrophy at L4-5 resulting in central canal stenosis, bilateral lateral recess narrowing and bilateral neural foraminal narrowing; and bilateral neural foraminal narrowing and bilateral degenerative facet hypertrophy at L5-S1. The diagnoses were spinal stenosis status post lumbar fusion, lumbago, and sciatica. Treatment to date has included oral analgesics, physical therapy, work hardening program for the lumbar spine, and lumbar fusion surgery. Utilization review from April 16, 2014 denied the request for CT lumbar spine without dye because there has been no conservative treatment completed to date for this recent report of pain. Also, physical examination does not document any neurological deficits to indicate necessity of repeat imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Lumbar Spine w/o Dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter regarding Lumbar supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, CT (computed tomography)

**Decision rationale:** According to pages 303-304 of the ACOEM Guidelines referenced by CA MTUS, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. According to ODG indications for CT scan of the lumbar spine include trauma with neurological deficit; seat belt (chance) fracture; and evaluation of successful fusion if plain x-rays do not confirm fusion. In this case, most recent physical examination does not show nerve root compromise that warrants repeat CT scan. The guideline requires objective finding of nerve root pathology prior to obtaining imaging studies. Moreover, there was no recent lumbar spine trauma. The medical necessity has not been established. There was no clear indication for the request. Therefore, the request for CT Lumbar Spine w/o Dye is not medically necessary.