

<b>Case Number:</b>	CM14-0081910		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Physical Medicine and Rehabilitation 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:

This 39 year-old patient sustained an injury on 8/7/13 from being struck by a truck while driving a tractor during employment by [REDACTED]. Request(s) under consideration include CT Scan Lumbar Spine. Diagnoses include Lumbar disc displacement. Conservative care has included medications, physical therapy, and modified activities/rest. Report from the provider noted persistent back pain with failed attempt of returning to work that required frequent lifting up to 40 pounds. Exam showed 5'7" 210 pounds male; motor exam of 4/5 at toe extensor hallucis longus; absent reflexes and ankle and knee. MRI of the lumbar spine dated 3/5/14 showed grade 1 spondylolisthesis with old pars defect bilaterally with severe right and moderate left foraminal narrowing; mild disc bulge at L4-5; and minimal disc bulges at T1-12 and L2-3. Treatment requests included X-rays of lumbar spine and EMG/NCS of bilateral lower extremities which were certified. Request(s) for CT Scan Lumbar Spine was non-certified by neurosurgical utilization reviewer on 5/13/14 citing guidelines criteria and lack of medical necessity.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT & CT Myelography (computed tomography), pages 383-384.

**Decision rationale:** ACOEM Treatment Guidelines states criteria for ordering imaging studies such as the requested CT scan of the Lumbar Spine include "Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure." Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated any change in condition since recent lumbar spine MRI in March 2014 to support for the CT scan of the Lumbar spine. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT scan of the Lumbar Spine is not medically necessary.