

<b>Case Number:</b>	CM14-0086809		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 59-year-old male with a date of injury of 06/10/2010. The listed diagnoses per the treating physician are: spondylolisthesis, L5-S1 and lumbar interbody fusion L5-S1 on 05/30/2013. According to progress report 05/14/2014, the patient is 1 year status post posterior lumbar interbody fusion at L4-L5 and is "doing extremely well. He is not taking pain medication, participating in yoga and utilizing a treadmill. Examination revealed 1+ lumbar paraspinous musculature spasm and tenderness noted along the muscles. Treating physician states, at this time, the patient needs a spiral CT scan to confirm solid fusion. Treating physician further states that the patient has a solid fusion, he will be deemed permanent and stationary and hopefully returned to his usual and customary job.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Spiral ST Scan of Lumbar Spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines, 2014, 19th Edition: Integrated Treatment/Disability Duration Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic), CT (Computed Tomography).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-twc guidelines has the following regarding CT-myelograms.

**Decision rationale:** This patient is status post posterior lumbar interbody fusion at L5-S1 on 05/30/2013. Treating physician states patient is progressing well, and he is happy with his surgical outcome. The treating physician is recommending a spiral CT scan of the lumbar spine to confirm solid fusion. ACOEM Guidelines page 309 states under CT, "Recommendation is made when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ODG Guidelines further states CT scans are not recommended, except for trauma with neurological deficit. In this case, the treating physician is requesting CT scan to confirm solid fusion and CT scans are recommended to evaluate fusion. As such, the request is medically necessary.