

<b>Case Number:</b>	CM14-0087400		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/09/2006
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/27/2014
<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 is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59 year old male was reportedly injured on 2/9/2006. The mechanism of injury is undisclosed. The most recent progress note, dated 6/5/2014, indicated that there were ongoing complaints of low back pain radiating into the lower extremities. The physical examination demonstrated a well healed lumbar spine incision, swelling, flexion, extension and minimal tenderness over the facets at L5-S1 and L4-L5. Diagnostic imaging studies and x-rays of the lumbar spine revealed lumbar fusion at L2-L5. It is unclear whether there was an area of nonfusion and fusion at L2-L3. Previous treatment included previous surgery, aquatic therapy, physical therapy and medications. A request was made for x-rays of the lumbar spine, computed tomography (CT) scan of the lumbar spine L1-S3, MRI lumbar spine and was not certified in the pre-authorization process on 5/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xray of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** X-ray is recommended for acute low back pain with red flags for fracture or serious systemic illness, subacute low back pain that is not improving, or chronic low back pain as an option to rule out other possible conditions. After review of the medical documentation provided, it did appear, that on 6/5/2014, lumbar spine radiographs were performed. Therefore, this request is deemed not medically necessary.

**CT scan of the lumbar spine L1-S3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** CT scans of lumbar spine are recommended only in uncommon specific situations, or in the presence of red flags (e.g., implanted metal that preclude MRI, equivocal findings of disc herniation on MRI suspected of being false positives, spinal stenosis, and/or a post-surgical situation that requires myelography). After review of the medical documentation and recent radiographs of the lumbar spine provided, it was noted the patient may benefit from a computed tomography (CT) scan to evaluate levels L2-L3 for evidence of non-fusion/delayed fusion. Therefore, this request is deemed medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) supports the use of MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on examination, and the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, the providers note, dated 5/27/2014, stated he would like to put in the request for the lumbar brace and MRI on hold and ask only for the lumbar CT scan and radiographs. Therefore, this request is deemed not medically necessary.