

<b>Case Number:</b>	CM14-0094254		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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:

The injured worker is a 62-year-old female who sustained industrial injuries to her low back on September 7, 2007 while performing her usual and customary duties. She has a recent surgical history of lumbar fusion and laminectomy performed; however, medical records provided do not state the date when the procedure was performed. As per re-evaluation report dated February 18, 2014, two lumbar spine x-rays were taken and revealed findings of "compression fracture of L1-T12, and possibly T10, and for sure T7." The treating physician requested for a computed tomography scan of the thoracic spine for further evaluation of T7 and T10 levels. Request for computed tomography scan of the lumbar spine was also requested for evaluation of halo formation at S1 level and fusion progression. Re-evaluation report dated May 16, 2014 notes the injured worker has sustained a recent laceration injury to the right shin, which had a big clot for two days. She was placed on Keflex 500 milligrams for two weeks for prophylaxis. Supplemental status report on pain management dated May 28, 2014 notes the injured worker's continued complaints of low back pain rated as 7/10 with radiation to the left leg. She sustained a large laceration to her right shin two weeks prior and is being seen by her treating physician for this wound. She presents with a walker. Lumbar spine examination showed paraspinal tenderness, decreased ranges of motion, and well healing surgical scar. She is intact to pinprick, light touch, and vibration. She is diagnosed with lumbar radiculopathy/herniated disc status post fusion and laminectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the thoracic and lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that computed tomography imaging is recommended for those injured workers in whom cauda equine syndrome, tumor, infection, and/or fracture are strongly suspected. The referenced guideline further indicates that physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Additionally, the Official Disability Guidelines indicate that a computed tomography scan of the thoracic and/or lumbar spine is indicated for injured workers with spinal trauma with neurological deficits. In this injured worker's case, the medical records received have limited information to support the necessity of computed tomography scan of the thoracic and lumbar spines. There is a lack of physiologic evidence of nerve dysfunction or red flags to warrant computed tomography scan imaging. Therefore, it can be concluded that the requested computed tomography scan of the thoracic and lumbar spines are not medically necessary at this time.