

<b>Case Number:</b>	CM14-0147930		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/01/1999
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 67-year-old male who sustained an industrial injury on 10/01/1999. According to the office notes dated 8/4/14, the IW reported increased pain in the shoulders, radiating to the chest area when he lies on his thoracic spine. The IW was diagnosed with kyphosis, NOS. Treatment to date has included medications, posterior thoracic hardware blocks, epidural steroid injections, physical therapy, H-Wave unit and surgeries. Diagnostic testing included spinal x-rays and cervical and thoracic CT. The provider requests CT scans of the cervical and thoracic spine to better evaluate the bony architecture and instrumentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, CAT scan.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Cat scan of the lumbar spine is not medically necessary. Magnetic resonance imaging has largely replaced cubit tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The new ACP/APS guideline states CT scanning should be avoided without a clear rationale for doing so. Indications for CT scanning include, but are not limited to, thoracic spine trauma with neurologic deficit, equivocal or positive plain films with no neurologic deficit; lumbar spine trauma with neurologic deficit; etc. in this case, the injured worker's working diagnoses are adult spinal deformity-kyphotic deformity; and post operative spine deformity. On June 11, 2014, the injured worker underwent revision surgery for removal of segmental fixation at T3 to T9 with exploration of fusion and identification of solid arthrodesis. The discharge summary indicated intra-operatively diffusion was solid. The treating physician submitted multiple requests for CAT scans of the lumbar spine and thoracic spine. There were no utilization reviews in the medical record for examination and rationale for the denials. There were multiple applications for IMR's in the medical record. It is unclear which IMR relates to the present request for authorization. The postoperative documentation indicates the injured worker has persistent pain. Pursuant to a progress note dated August 4, 2014, the injured worker reports more pain in the shoulders that radiates to the chest area overlying the thoracic spine. The physical examination is markedly limited in all subsequent progress notes. The documentation states: "No evidence of neurological dysfunction. There is reproducible tenderness to palpation of the mid-thoracic spine." Radiographic films dated May 29, 2014 show instrumented lumbar fusions, lumbar fusions appear intact and the hardware well positioned. There was no evidence of acute fracture or dislocation. The indications for CT scanning include thoracic spine trauma, lumbar spine trauma with neurologic deficits myelopathy with infectious disease present and evaluate successful fusion if plain x-rays do not confirm fusion. Plain x-rays confirmed prior surgical fusion (supra). Consequently, absent clinical documentation with a detailed physical examination (there was no evidence for neurologic dysfunction), plain x-rays for May 29, 2014 indicated the lumbar fusions appear intact and the hardware well-positioned, computed tomography of the lumbar spine is not medically necessary.

**CT Scan of the Thoracic Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, CAT scan.

**Decision rationale:** Pursuant to the Official Disability Guidelines, CAT scan Thoracic spine is not medically necessary. Magnetic resonance imaging has largely replaced cubit tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The new ACP/APS guideline states CT scanning should be avoided without a clear rationale for doing so. Indications for CT scanning include, but are not limited to, thoracic spine trauma with neurologic deficit, equivocal or

positive plain films with no neurologic deficit; lumbar spine trauma with neurologic deficit; etc. in this case, the injured worker's working diagnoses are adult spinal deformity-kyphotic deformity; and post operative spine deformity. On June 11, 2014, the injured worker underwent revision surgery for removal of segmental fixation at T3 to T9 with exploration of fusion and identification of solid arthrodesis. The discharge summary indicated interoperatively diffusion was solid. The treating physician submitted multiple requests for CAT scans of the lumbar spine and thoracic spine. There were no utilization reviews in the medical record for examination and rationale for the denials. There were multiple applications for IMR's in the medical record. It is unclear which IMR relates to the present request for authorization. The postoperative documentation indicates the injured worker has persistent pain. Pursuant to a progress note dated August 4, 2014, the injured worker reports more pain in the shoulders that radiates to the chest area overlying the thoracic spine. The physical examination is markedly limited in all subsequent progress notes. The documentation states: "No evidence of neurological dysfunction. There is reproducible tenderness for palpation the mid-thoracic spine." Radiographic films dated May 29, 2014 show instrumented lumbar fusions, lumbar fusions appear intact and the hardware well positioned. There was no evidence of acute fracture or dislocation. The indications for CT scanning include thoracic spine trauma, lumbar spine trauma with neurologic deficits myelopathy with infectious disease present and evaluate successful fusion if plain x-rays do not confirm fusion. Plain x-rays confirmed prior surgical fusion (supra). Consequently, absent clinical documentation with a detailed physical examination (there was no evidence for neurologic dysfunction), plain x-rays for May 29, 2014 indicated the lumbar fusions appear intact and the hardware well-positioned, computed tomography of the thoracic spine is not medically necessary.