

<b>Case Number:</b>	CM14-0194876		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/06/1999
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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. 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 73 year old male who sustained a work related injury on July 6, 1999. The mechanism of injury was not provided. A physicians report dated October 27, 2014 notes that the injured worker continued to have persistent bilateral shoulder pain radiating to the cervical spine, low back pain and sacroiliac joint pain with radiation into both lower extremities. Associated symptoms included numbness and tingling. He also reported mid back pain with radiation to the chest and depression secondary to the continued symptoms. His pain was noted to be relived with pain medications and compound creams. Medications include Norco, Prilosec, Ultram ER, Paxil, Nalfon and Cyclobenzaprine 10% / Tramadol 10% topical cream. Physical examination was noted to be unchanged from the previous examination. No previous examinations were submitted for review. The documentation notes that the injured worker has not had any therapy since his surgeries. However, no surgical dates were provided. The injured worker participates in a self-directed home exercise program. Diagnoses include cervical discopathy with disc displacement, status post cervical fusion, bilateral shoulder impingement syndrome, lumbar discopathy with disc displacement, status post lumbar fusion, mood disorder and bilateral sacroiliac arthropathy. Work status is temporarily totally disabled. The treating physician requested a computed tomography scan of the lumbar spine as an outpatient. Utilization Review evaluated and denied the request on November 19, 2014. Based on the Official Disability Guidelines, Low Back, Lumbar and Thoracic, the medical necessity of the request was not established. The injured worker was noted to have had a prior lumbar fusion; however, there is no date of surgery provided or any mention of any previous pain radiographs or

computed tomography scans obtained. In addition, there is lack of documentation of abnormal findings on physical examination. Therefore, the requested is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CT scan for the 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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, a CT of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case there were no red flag symptoms. There was no plan for surgery. The injury and symptoms are chronic. The request for an CT of the lumbar spine is not medically necessary.