

<b>Case Number:</b>	CM14-0197625		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	09/30/1996
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, 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 55 year old male with an injury date on 09/30/1996. Based on the 10/23/2014 progress report provided by the treating physician, the diagnoses are:1. Thoracic / lumbosacral neuritis / radiculitis unspecified2. Pain in joint, shoulder region3. Displacement lumbar intervert disc without myelopathy4. Post laminectomy syndrome lumbar regionAccording to this report, the patient complains of sudden onset of "pain in the left shoulder." Pain is a 6/10. There is no mention of the patient having complaints in the low back in this or the 09/25/2014 reports. However, physical exam reveals lumbar range of motion is restricted. Palpation of the lumbar facet reveals pain at the bilateral L3-S1 region and the multifidus muscle. Decreased sensation is noted on the L4-L5 level, bilaterally. The treatment plan is to refill medications; FU with MD in 30 day; and continue to recommend 3D reconstruction CT scan of the lumbar spine and injection to the left subacromial bursa. The examination findings is unchanged from the 09/25/2014 report; "There is no change in patient's condition." There were no other significant findings noted on this report. The utilization review denied the request for 3D reconstruction CT scan of the lumbar spine on 11/05/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/22/2014 to 11/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3D Reconstruction CT scan of the lumbar spine:** Upheld

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

**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 chapter, CT scan

**Decision rationale:** According to the 10/23/2014 report, this patient presents with of pain in the left shoulder. The current request is for 3D reconstruction CT scan of the lumbar spine. The Utilization Review denial letter states "the patient's record review revealed a computed tomography (CT) of the lumbar spine dated 05/22/14 documented 'Postoperative lumbar spine as described. No nerve root impingement or spinal stenosis.' As a diagnosis is clearly established from the recent CT scan performed less than 6 months ago, the necessity for this specialized 3-D reconstruction CT scan of the lumbar spine is not established."In this case, the treating physician has not documented that the patient has lumbar spine trauma that has neurological deficit, seat belt fracture or myelopathy infectious disease. Furthermore, the patient is s/p post laminectomy but there is no suspicion for pseudarthrosis. There is no suspicion for hardware failure either. The current request is not medically necessary.