

<b>Case Number:</b>	CM14-0198263		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/23/2014
<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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 was a 53 year old who was injured on 9/24/2012. The diagnoses are bilateral knees pain, lumbar degenerative disc disease, lumbar facet arthropathy and low back pain. The past surgery history is significant for bilateral knee surgeries. The 8/29/14 MRI of the lumbar spine showed degenerative disc disease. The patient completed PT and bilateral SI joints injections. On 8/29/2014, [REDACTED] noted subjective complaint of low back pain radiating down the lower extremities associated with numbness. The pain score was rated at 8/10 on a scale of 0 to 10. There was objective finding of tenderness to palpation over the lumbosacral spine with positive provocative tests of the SI joints. The medications listed are Norco, Protonix, Motrin and Colace. A Utilization Review determination was rendered on 10/23/2014 recommending non certification for CT of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAT Scan for 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, Low Back, CT (Computed Tomography)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back, Imaging Studies CT

**Decision rationale:** The MTUS and the ODG guidelines recommend that confirmatory imaging studies can be utilized for the evaluation of chronic low back pain when the clinical findings and X-ray findings are inconclusive or there is worsening neurological deficits. The guidelines did not regard the use of CT for the evaluation of uncomplicated degenerative disc disease as more valuable than MRI. The records indicate that the patient had an MRI of the lumbar spine in 2014. There is no documentation of exacerbation of the pain or neurological deficits following the 2014 MRI test. The criteria for Computed Tomography (CT) of the Lumbar Spine were not met; therefore, the request is not medically necessary.