

<b>Case Number:</b>	CM14-0083584		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 53 year old female sustained injury on 5/16/08. The mechanism of injury was not found in the documentation but Utilization Review references a fall from a horse. She complained of neck pain, left shoulder, right elbow, left wrist, upper back, mid-back, rib cage, low back and left knee pain. She exhibits a positive Spurling and her shoulder has full range of motion. On physical exam she reports severe neck and low back pain. She has decreased range of motion in all spheres mainly turning to the right. She exhibited paraspinous spasm in the cervical area. There was tenderness and spasm in the lumbosacral area. Straight leg raise is 60 degrees with pain in the back. An electromyography (no date) demonstrated evidence of mild right brachial plexopathy and mild bilateral carpal tunnel syndromes. MRI (undated) showed moderate degenerative changes L2-3 and radiographs (undated) revealed moderate degenerative changes L5-S1. After 6 pool sessions the injured worker complained of minimal neck pain with no functional limitation. She continues with back and shoulder pain. Her diagnoses include lumbosacral and cervical radiculopathy, chronic pain syndrome and vertigo. With her current symptoms she is completely disabled and there is progression in her generalized weakness. Her functional limitations were unclear. Her medications were not clear. A computed tomography of the lumbar spine has been requested for pre-operative planning for her upcoming surgery (L3-4 and L4-5 disc replacement and fusion L5-S1). On 5/22/14 Utilization review (UR) non-certified the request for computed tomography of the lumbar spine without contrast based on lack of documentation of plain radiographs which are considered first line diagnostic study of choice prior to considering more invasive diagnostic testing. In addition there is lack of documentation

of a previous computed tomography which would be imperative to know prior to considering another diagnostic study. The guidelines referenced were MTUS, ACOEM and ODG.

### **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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, CT imagining

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Low Back, Topic: CT, Disc prosthesis

**Decision rationale:** ODG guidelines indications for CT include computed tomography for thoracic spine trauma with equivocal or positive plain films, no neurologic deficit, thoracic spine trauma with neurologic deficit, lumbar spine trauma with neurologic deficit, lumbar spine trauma, seat belt fracture, traumatic myelopathy, infectious myelopathy, evaluation of pars defect not identified on plain x-rays, and evaluation of successful fusion if plain x-rays do not confirm a fusion. Lumbar disc replacement is not recommended by ODG guidelines. As such, the planned surgery is not recommended and the indication for a preoperative CT scan is also not supported. Therefore the request for a CT scan of the lumbar spine is not medically necessary.