

<b>Case Number:</b>	CM15-0003731		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/20/2009
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 is a 40 year old male, who sustained an industrial injury on May 20, 2009. The details of the injury were not documented in the reviewed medical record. He has reported lower back pain with pain and numbness of the legs. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and chronic pain syndrome. Treatment to date has included back surgeries, epidural steroid injections, physical therapy, bracing, and medications. Currently, the injured worker complains of continued lower back pain with pain and numbness of the legs. The treating physician is requesting a computed tomography of the lumbar spine with reconstruction. On December 15, 2014 Utilization Review non-certified the request for the computed tomography noting the lack of documentation to support the medical necessity of the service. The MTUS, ACOEM Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan Lumbar Spine with Reconstruction:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 287 - 316.

**Decision rationale:** The patient twisted his back carrying a tray on 05/26/2009 and had lumbar spine surgery on 12/04/2002, 11/12/2003, 08/24/2010 and 08/25/2010. He had a CT scan of the lumbar spine on 02/18/2011, MRI of the lumbar spine on 10/14/2013 and lumbar spine x-ray on 11/19/2014. There is no documentation any abnormal position of the surgical findings of L3-L4 and L4-L5 fusion, laminectomy and anterior instrumentation. There was no non-union or hardware displacement. His most recent exam revealed motor strength 5/5 with a normal gait. The lumbar range of motion was decreased 25%. There were no red flag signs. There were no imaging findings, symptoms of physical findings that would make him a repeat surgical candidate. In the absence of red flag signs or change in clinical findings or symptoms, there is no indication for the requested service according to ACOEM Chapter 12 Low Back Complaints. The requested service is not medically necessary.