

<b>Case Number:</b>	CM15-0005484		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/22/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 51 year old male with a date of injury as 01/22/2008. The current diagnoses include chronic low back pain syndrome, intermittent lumbar radiculopathy, status post lumbar laminectomy, status post lumbar fusion with spinal instrumentation (2010), status post laminectomy with removal of instrumentation and fusion (May 2012), chronic neck pain, cervical radiculopathy, and history of herniated nucleus pulposus C6-C7 left. Previous treatments include medication, injection, and multiple spinal surgeries. Report dated 12/16/2014 noted that the injured worker presented with complaints that included improving low back pain with prior anti-inflammatory injection. Physical examination revealed severe limitation in range of motion with tenderness and spasm. It was further noted that the injured worker has hyperesthesia to pin quite dramatically over the third finger in the left hand. It was further documented that the injured worker is in need of further treatment as he is expected to return to work early in the next year. It was noted that he would require additional x-rays of the lumbar spine and a CT scan from L1-S1. The injured worker is temporarily totally disabled. The utilization review performed on 01/06/2015 non-certified a prescription for CT lumbar spine without dye based on no indication that the injured worker had pseudoarthrosis or other post-operative complications. The reviewer referenced the California MTUS/ACOEM in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine Computed Tomography (CT) scan: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

**Decision rationale:** The ACOEM Guidelines recommend the use of CT or MRI when cauda equina syndrome, tumor, infection, or lower back fracture is strongly suspected but x-rays do not show the reason for the abnormal findings. MRI is preferred in general, especially if there is a history of prior back surgery. The submitted and reviewed documentation indicated the worker was experiencing increased lower back pain. The worker had prior surgery to this area in 2010 and in 05/2012. Prior advanced imaging of the lower back was done on 09/13/2011, 11/21/2011, 02/01/2013 (both CT and MRI), and 07/18/2014 and these records summarized or provided the results. There was no discussion indicating the reason this study was needed or detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for CT scan of the lumbar spine region is not medically necessary.