

<b>Case Number:</b>	CM15-0134304		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 46 year old female patient, who sustained an industrial injury on 9/25/12. The diagnoses include lumbago, lumbar pain, lumbar radiculopathy, and status post lumbar spine surgery. Per the doctor's note dated 5/14/2015, she had complains of low back pain with numbness and tingling in the right foot. Physical examination revealed tenderness to palpation of the lumbar paravertebral muscles and sacrum. The medications list includes norco. She has had a computed tomography scan of the lumbar spine dated 1/2/15 which revealed prior lumbar interbody fusion at L4-5 and L5-S1, interbody fusion mature at L5-S1 but not yet mature at L4-5, intact metallic hardware, 3mm posterior disc protrusion at L3-4 with mild bilateral neural foraminal narrowing, partial visualized right adnexal dermoid (Incidental findings- ultrasound or pelvic MRI recommended). She has undergone L4-S1 lumbar fusion in July 2014. She has had physical therapy and the use of a lumbar brace for this injury. The treating physician requested authorization for a computed tomography scan of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan for lumbar spine x1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and Indications for imaging - CT (computed tomography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) CT (computed tomography).

**Decision rationale:** CT Scan for lumbar spine x1. Per the cited guidelines "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In addition per the ODG guidelines lumbar CT is "Not recommended except for indications, lumbar spine trauma, with neurological deficit, with seat belt fracture; myelopathy traumatic, infectious disease patient; evaluate pars not identified by plain X-rays." Per the records provided she has had a computed tomography scan of the lumbar spine dated 1/2/15 which revealed prior lumbar interbody fusion at L4-5 and L5-S1, interbody fusion mature at L5-S1 but not yet mature at L4-5, intact metallic hardware, 3mm posterior disc protrusion at L3-4 with mild bilateral neural foraminal narrowing, partial visualized right adnexal dermoid (Incidental findings- ultrasound or pelvic MRI recommended). Patient had significant objective findings with history of lumbar fusion surgery in July 2014. The previous CT scan revealed the fusion was not yet mature at L4-5 and there was also a right adnexal mass ( possible dermoid) that was noted as an incidental finding. It is medically appropriate to re evaluate the lumbar spine with a CT lumbar spine for the status of the fusion. Also the right adnexal mass has not yet been fully evaluated so it is unclear if that represents a possible malignancy. In that context, if there is persistent lumbar spine pain, it would be prudent to get a imaging study like a CT scan of the lumbar spine. The request of the CT Scan for lumbar spine x1 is medically appropriate and necessary for this patient at this juncture.