

<b>Case Number:</b>	CM15-0145854		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	12/04/2000
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 75-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 4, 2000. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for a lumbar CT scan without contrast. Flexion-extension views of the lumbar spine, conversely, were approved. A July 6, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On July 6, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg, 6-7/10. The applicant had undergone earlier unsuccessful lumbar spine surgery. The applicant was pending a neurosurgical consultation, it was reported. The applicant also had comorbid diabetes, it was reported. The applicant exhibited hyposensorium about the right leg with some loss of right ankle dorsiflexion strength. The remainder of the applicant's motor exam was unremarkable. The applicant exhibited an antalgic gait. The applicant had an electrodiagnostically-confirmed lumbar radiculopathy, the attending provider reported. The attending provider, a neurosurgeon, stated that the applicant had an electrodiagnostically-confirmed lumbar radiculopathy with evidence of L4-L5 spondylosis and right L5 radiculopathy evident on MRI imaging, it was reported. Flexion-extension x-rays of the lumbar spine and CT imaging of the lumbar spine were sought. The attending provider stated that he would consider surgical intervention based on the outcome of the studies in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L/S CT scan without contrast:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Yes, the request for CT imaging of the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304, CT imaging of the lumbar spine is scored at 3/4 in its ability to identify and define suspected spinal stenosis, as was/is suspected here. The MTUS Guideline in ACOEM Chapter 12, page 303 also stipulates that CT imaging is the imaging study of choice for evaluation of bony structures or bony pathology. Here, the applicant's attending provider, a neurosurgeon, stated that the applicant had an L5 radiculopathy for which the applicant was considering surgical intervention for on the date of the request, July 6, 2015. Moving forward with the proposed CT scan was, thus, indicated to delineate the extent of the applicant's radiculopathy, spinal stenosis and/or associated spondylolisthesis, all of which the attending provider stated were present on or around the date in question, July 6, 2015. The multiple pathological conditions present, thus, did compel the CT imaging in question to evaluate the applicant's bony structures prior to pursuit of a surgical remedy. Therefore, the request was medically necessary.