

<b>Case Number:</b>	CM15-0160234		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	04/16/2008
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California

Certification(s)/Specialty: Emergency 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 50 year old male, who sustained an industrial injury on 4-16-2008. He reported back pain from lifting activity. Diagnoses include lumbar hardware failure, status post lumbar fusion in 2009. Treatments to date include oral and topical medication therapy, activity modification, physical therapy, and chiropractic therapy. Currently, he complained of low back pain rated 7 out of 10 VAS with radiation down bilateral lower extremities. There was also reported pain in the neck, upper and mid back, left shoulder, bilateral upper arm, forearm, elbow wrist and headaches. On 7-14-15, the physical examination documented lumbar tenderness with muscle spasms with a positive straight leg raise on the left side and decreased strength. Most recent radiographic imaging was documented obtained in July 2014. The plan of care included a request to authorize a lumbar spine CT scan and Tesla MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan Tesla for low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Indications for Imaging - CT (computed tomography).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested CT scan Tesla for low back, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has low back pain rated 7 out of 10 VAS with radiation down bilateral lower extremities. There was also reported pain in the neck, upper and mid back, left shoulder, bilateral upper arm, forearm, elbow wrist and headaches. On 7-14-15, the physical examination documented lumbar tenderness with muscle spasms with a positive straight leg raise on the left side and decreased strength. Most recent radiographic imaging was documented obtained in July 2014. The treating physician has not documented sufficient evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, CT scan Tesla for low back is not medically necessary.

**MRI 3.0 Tesla for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI 3.0 Tesla for low back, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." There was also reported pain in the neck, upper and mid back, left shoulder, bilateral upper arm, forearm, elbow wrist and headaches. On 7-14-15, the physical examination documented lumbar tenderness with muscle spasms with a positive straight leg raise on the left side and decreased strength. Most recent radiographic imaging was documented obtained in July 2014. The treating physician has not documented sufficient evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI 3.0 Tesla for low back is not medically necessary.