

<b>Case Number:</b>	CM15-0164130		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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

### 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 42 year old female, who sustained an industrial injury on 3-26-2013, resulting from repetitive activities while working as a laundry worker. The injured worker was diagnosed as having L4-S1 disc herniations with marked bilateral foraminal stenosis. A history of chronic lumbar pain status post lumbar surgery (performed in [REDACTED]) without documentation was noted. Treatment to date has included diagnostics, lumbar spinal surgery in 4-2013 and 11-2014, chiropractic, and medications. Currently, the injured worker complains of constant neck pain and back pain, rated 8 out of 10, with radiation down the bilateral lower extremities, with numbness, stiffness, and cramps. Lower extremity strength was -5 out of 5 and sensation was diminished in the L5-S1 dermatomes. Current medication regimen was not documented. She was prescribed Neurontin, Tramadol, and Methoderm ointment. The treatment plan included computerized tomography of the lumbar spine. The progress report (3-30-2015) noted that computerized tomography showed excellent positioning of the instrumentation and hardware and good interbody graft positioning. There was no foraminal stenosis or nerve compression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to ACOEM, a computed tomography (CT) scan of the lumbar spine in patients with previous lumbar fusion is indicated IF plain films do not confirm a successful fusion. In this case, the provider requested a CT scan of the lumbar spine to assess the lumbar fusion. There is no documentation indicating the plain films were recently done and there are no reported neurologic deficits on neurological exam. Medical necessity for the requested CT scan of the lumbar spine has not been established. The requested CT scan is not medically necessary.