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| <b>Case Number:</b>   | CM15-0195413 |                              |            |
| <b>Date Assigned:</b> | 10/09/2015   | <b>Date of Injury:</b>       | 03/04/2010 |
| <b>Decision Date:</b> | 11/20/2015   | <b>UR Denial Date:</b>       | 09/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 66 year old female, who sustained an industrial injury on 3-4-2010. The injured worker is undergoing treatment for: reflex sympathetic dystrophy of the arm, metatarsus fracture. On 9-10-15, she reported that 6 weeks earlier she had a "frightening episode of severe back weakness after bending over". She indicated her back locked up and she was unable to stand up straight. She also reported numbness and weakness of bilateral feet during this time. Examination revealed no tenderness in the lumbar and a normal lordosis. Full strength of the lower extremities was reported. On 9-15-15, she reported increasing left lower extremity weakness over the last 6 months, and doing well with her left shoulder. Objective findings revealed the left leg to have reported decreased motor strength. The treatment and diagnostic testing to date has included: medications, urine toxicology (3-17-15), left shoulder arthrogram (9-26-14), left shoulder surgery (1-20-15), spinal cord stimulator. Current work status: temporary total disabled and retired. The request for authorization is for: CT scan of the lumbar spine. The UR dated 9-28-2015: non-certified the requests for a CT 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:

**Computed tomography (CT) scan of the lumbar spine without contrast to rule out any interaction with the spinal cord:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, under CT.

**Decision rationale:** The patient presents on 09/10/15 with unspecified back complaints following a "frightening episode of severe back weakness and locking after bending over." The patient's date of injury is 03/04/10. Patient is status post dorsal column spinal stimulator batter replacement on 02/18/15 and multiple unspecified GI surgeries. The request is for computed tomography (ct) scan of the lumbar spine without contrast to rule out any interaction with the spinal cord. The RFA is dated 09/23/15. Physical examination dated 09/10/15 reveals hypersensitivity to touch of the left ankle. The remaining physical examination findings are unremarkable. The patient's current medication regimen is not provided. Patient's current work status is not provided. Official Disability Guidelines, Low Back - Lumbar & Thoracic Chapter, under CT (computed tomography) Section states: Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt chance fracture. Myelopathy - neurological deficit related to the spinal cord, traumatic. Myelopathy, infectious disease patient- Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion. In regard to the request for a lumbar CT, the patient does not meet guideline criteria. Per 09/10/15 progress note, the provider states the following: "Despite our encouragement she remains very worried about the spinal cord stimulator and implanted electrodes. In an abundance of caution, I would recommend a request for authorization of a thoracic and lumbar spine CT scan to rule out any interaction with the spinal cord." While the provider feels as though CT imaging is necessary to ensure that this patient's recent episode was not due to an anomaly related to the spinal cord stimulator, the physical examination findings do not indicate any neurological deficit in the thoracic or lumbar spines. There is no evidence of "red flags", an acute re-injury, or any neurological decline aside from subjective "locking" of the back, which has since resolved. Without evidence of progressive neurological compromise or other "red flags" indicative of significant decline, such imaging cannot be substantiated. The request is not medically necessary.

**Computed tomography (CT) scan of the thoracic spine without contrast to rule out any interaction with the spinal cord:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic) - CT (computed tomography).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, under CT.

**Decision rationale:** The patient presents on 09/10/15 with unspecified back complaints following a "frightening episode of severe back weakness and locking after bending over." The patient's date of injury is 03/04/10. Patient is status post dorsal column spinal stimulator batter replacement on 02/18/15 and multiple unspecified GI surgeries. The request is for computed tomography (ct) scan of the thoracic spine without contrast to rule out any interaction with the spinal cord. The RFA is dated 09/23/15. Physical examination dated 09/10/15 reveals hypersensitivity to touch of the left ankle. The remaining physical examination findings are unremarkable. The patient's current medication regimen is not provided. Patient's current work status is not provided. Official Disability Guidelines, Low Back - Lumbar & Thoracic Chapter, under CT (computed tomography) Section states: Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt chance fracture. Myelopathy - neurological deficit related to the spinal cord-, traumatic- Myelopathy, infectious disease patient- Evaluate pars defect not identified on plain x-rays. Evaluate successful fusion if plain x-rays do not confirm fusion. In regard to the request for a thoracic CT, the patient does not meet guideline criteria. Per 09/10/15 progress note, the provider states the following: "Despite our encouragement she remains very worried about the spinal cord stimulator and implanted electrodes. In an abundance of caution I would recommend a request for authorization of a thoracic and lumbar spine CT scan to rule out any interaction with the spinal cord." While the provider feels as though CT imaging is necessary to ensure that this patient's recent episode was not due to an anomaly related to the spinal cord stimulator, the physical examination findings do not indicate any neurological deficit in the thoracic or lumbar spines. There is no evidence of "red flags", an acute re-injury, or any neurological decline aside from subjective "locking" of the back, which has since resolved. Without evidence of progressive neurological compromise or other "red flags" indicative of significant decline, such imaging cannot be substantiated. The request is not medically necessary.