

<b>Case Number:</b>	CM15-0198653		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old male who sustained an industrial injury on 7-6-12. The medical records indicate that the injured worker is lumbar disc herniation L4-5, postoperative lumbar fusion (4-27-15) with new onset of left L5 radiculopathy. He currently (8-25-15) complains of low back and left leg pain. He uses a cane for ambulation. On physical exam, there was diffuse tenderness on palpation in the left lower lumbar musculature with mild to moderate spasms palpable, decreased range of motion, straight leg raise was negative. He has undergone lumbar spine x-rays (7-6-15) showing postoperative changes without evidence of fracture, subluxation or hardware failure. He has been treated with surgery and is status post lumbar fusion L5-S1; medications: Tramadol, naproxen; physical therapy (length of time was unclear). The treating provider (7-20-15) requested an MRI of the lumbar spine to evaluate the L5 radiculopathy. The request for authorization dated 8-25-15 was for computed tomography of the lumbar spine. On 9-9-15 Utilization Review non-certified the request for computed tomography 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 of the lumbar spine:** 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 (Acute & Chronic), CT (computed tomography).

**Decision rationale:** The claimant sustained a work injury in July 2012 and underwent a lumbar decompress and L5/S1 fusion on 04/27/15. In June 2015, there had been a resolution of leg pain. X-rays of the lumbar spine were done on 07/06/15 with expected post-operative findings. In July 2015, he had left leg pain and an MRI of the lumbar spine was requested. When seen, the claimant reported that he had not had the new CT scan that was requested by his surgeon. Physical examination findings included decreased lumbar range of motion with straight leg raising producing low back pain. Guidelines address the role of a CT scan of the lumbar spine with applicable criteria including plain x-rays that do not confirm a successful fusion. In this case, there is no evidence by x-rays of the lumbar spine, which could include flexion/extension views that would meet the criteria for obtaining a lumbar spine CT scan. In addition, an MRI scan was being requested by the claimant's surgeon for radiculopathy and the CT scan was requested in error. It is not medically necessary.