

<b>Case Number:</b>	CM15-0024150		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	03/30/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 62 year old, male patient, who sustained an industrial injury on 03/30/2010. A secondary treating office visit dated 01/16/2015 reported lumbar spine protrusions; degenerative disc disease and stenosis; status post lumbar epidural spinal injections (3) with most recent in 2011 offering temporary relief for one week. The electromyography found with positive results for right L5-S1 radiculopathy. Of note, the patient's most recent magnetic resonance imaging was performed on 09/2014 as well as a discography in May 2014. The claimant had a CT of the lumbar spine in 2/27/114 that showed multi-level disc bulging. A request was made for a computerized tomography scan of thoracic and lumbar spine. On 01/29/2015, Utilization Review, non-certified the request, noting both the CA MTUS, Chronic Pain, imaging and ODG, Lumbar Spine Trauma were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the thoracic and lumbar spines:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** According to the guidelines, a CT of the lumbar spine is not recommended before 1 month in the absence of red flags. It is recommended for red flags such as cauda equina, tumor, infection or acute neurological changes it is an option pre-operatively if an MRI is unavailable. In this case, there were no new red flag diagnoses. Multiple imaging procedures were performed in the last year. There was no plan for surgery. A CT of the thoracic and lumbar spine is not medically necessary.