

<b>Case Number:</b>	CM15-0033345		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Indiana, 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 56 year old female who sustained a work related injury on March 15, 2013, after moving floor displays and injuring her lower back. She was diagnosed with lumbar disc disease, with lumbar radiculopathy. Treatments included physical therapy, aquatic therapy, home exercise program, epidural steroid injections, and pain medications. She underwent a lumbar fusion on July 17, 2013 and pedicle screw removal on July 22, 2013. Currently, in January, 2015, the injured worker complained of persistent low back pain, and numbness and pain in the lower left extremity. On January 27, 2015, a request for a Computed Tomography (CT) of the lumbar spine was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines and the Official Disability Guidelines.

### 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 ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, CT scan.

**Decision rationale:** Pursuant to the Official Disability Guidelines, CT scan of the lumbar spine is not medically necessary. Magnetic resonance imaging has largely replaced computed tomography in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The new ACP/APS guidelines state computed tomography should not be performed without a clear rationale for doing so. Indications for computed tomography include, but are not limited to, lumbar spine trauma, neurologic deficit thoracic spine trauma, equivocal or positive plain films, no neurologic deficit; thoracic spine trauma with neurologic deficit; evaluate successful fusion if plain x-rays do not confirm fusion; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post transforaminal interbody lumbar fusion for spondylolisthesis at L5 and S1; and status post removal left side pedicle screws or radicular pain. The documentation demonstrates the injured worker had at least two prior CAT scans of the lumbar spine. One was performed April 24, 2013 and the second was performed September 17, 2014. CAT scan lumbar spine from September 17, 2014 reveal post surgery fusion at L5-S1 with transpedicular screws and single vertical fusion rod on the right side with no evidence of hardware failure. The discs spaces were well incorporated and the bone graft masses were also incorporated. An MRI of the lumbar spine performed on September 25, 2014 showed pedicle screws and rod fusion L5-S1 is that satisfactory position. Subjectively, the injured worker has persistent right-sided weakness. Objectively, the injured worker walks with a normal gait. There is some right calf atrophy. The documentation does not contain any new injury or new subjective complaints with new clinical findings. The treating physician indicates in his recommendation: "I am doubtful there is an interventional solution that will completely alleviate all her symptoms. Nevertheless, I would like to obtain an updated CT scan of the lumbar spine and if there is demonstrable arthrodesis present in the interbody space, or removal of her pedicle screws would be recommended". Consequently, absent clinical documentation with a clear clinical indication and rationale in the absence of new subjective and objective symptoms with two prior CAT scans dated April 23, 2013 and September 17, 2014 and an MRI dated September 25, 2014, CT scan lumbar spine is not medically necessary.