

<b>Case Number:</b>	CM15-0033368		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/06/2015
<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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 2/4/10. She has reported low back pain related to cumulative trauma. The diagnoses have included lumbar radiculopathy and lumbar degenerative disc disease. Treatment to date has included L3-L4 fusion, physical therapy, CT scan on 1/23/13 and oral medications. As of the PR2 dated 12/9/14, the injured worker reports increased pain in the lumbar spine after spinal fusion. The treating physician requested a CT scan for lumbar spine without contrast. On 2/6/15 Utilization Review non-certified a request for a CT scan for lumbar spine without contrast. The utilization review physician cited the ACOEM guidelines for low back complaints. On 2/19/15, the injured worker submitted an application for IMR for review of a CT scan for lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computed Tomography (CT) Scan for the Lumbar Spine without contrast:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back: CT.

**Decision rationale:** Regarding CT of the lumbar spine, ODG states the following: "Indications for imaging - Computed tomography: 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". The employee does not have any of those conditions, so the request is not medically necessary.