

<b>Case Number:</b>	CM15-0034437		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/30/2015
<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

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 46 year old male, who sustained an industrial injury on September 27, 2004. He has reported neck pain, upper and lower back pain, shoulder pain, right leg pain, and sleep difficulties. The diagnoses have included chronic strain/sprain of the cervical spine, cervical radiculitis, chronic strain/sprain of the thoracic spine, chronic strain/sprain of the right shoulder, chronic strain/sprain of the lumbar spine, and lumbar spine radiculitis. Treatment to date has included medications, physical therapy, epidural steroid injection of the lumbar spine, thoracic spine fusion, and imaging studies. A progress note dated January 16, 2015 indicates a chief complaint of continued neck and back pain, right shoulder, arm and hand pain, right leg pain, and sleep difficulties. Physical examination showed cervical spine tenderness to palpation with spasms, thoracic spine tenderness to palpation, lumbar spine tenderness to palpation with decreased range of motion, bilateral shoulder tenderness to palpation and pain with range of motion, and decreased grip strength of the right hand. The treating physician is requesting a computed tomography of the cervical spine, computed tomography of the thoracic spine, and computed tomography of the lumbar spine. On January 30, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines. On February 23, 2015, the injured worker submitted an application for IMR of a request for a computed tomography of the cervical spine, computed tomography of the thoracic spine, and 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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, CT scans.

**Decision rationale:** This patient presents with chronic back neck, upper back and low back pain. The patient is status post lumbar micro decompression in 2007 and lumbar fusion in 2011. The current request is for CT SCAN OF THE LUMBAR SPINE. ACOEM Guidelines page 309 states under CT, recommendation is made when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. ODG Guidelines under the low back section states that CT scans are not recommended, except for trauma with neurological deficits. CT scans are indicated when tumor, infection, or fracture are strongly suspected. There is no evidence of prior CT imaging for this patient. The treating physician is requesting a CT scan of the lumbar spine to "investigate other conditions responsible for the patient's chronic symptomatology." CT scans are indicated when tumor, infection, or fracture are strongly suspected and there are no such concerns expressed. The requested CT IS NOT medically necessary.

### **CT scan of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, CT scans.

**Decision rationale:** This patient presents with chronic back neck, upper back and low back pain. The patient is status post lumbar micro decompression in 2007 and lumbar fusion in 2011. The current request is for CT SCAN OF THE LUMBAR SPINE. ODG guideline Lumbar and Thoracic chapter states that CT is not recommended except for "thoracic spine trauma: equivocal or positive plain films, no neurological deficit" and "thoracic spine trauma: with neurological deficit." There is no evidence of prior CT imaging for this patient. The treating physician is requesting a CT scan of the thoracic spine to "investigate other conditions responsible for the patient's chronic symptomatology." CT scans are indicated when tumor, infection, or fracture are strongly suspected and there are no such concerns expressed. The requested CT IS NOT medically necessary.

**CT scan of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178. Decision based on Non-MTUS Citation Orthopaedic Knowledge Update (OKU) #9, page 545.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, CT scans.

**Decision rationale:** This patient presents with chronic back neck, upper back and low back pain. The patient is status post lumbar micro decompression in 2007 and lumbar fusion in 2011. The current request is for CT SCAN OF THE LUMBAR SPINE. ACOEM Guidelines page 309 states under CT recommendation is made when caudal equina, tumor, infection, or fracture are strongly suggested and plain film radiographs are negative. ODG Guidelines under the neck chapter state that CT scans are not recommended except for trauma with neurological deficit and surgical planning. There is no evidence of prior CT imaging for this patient. The treating physician is requesting a CT scan of the cervical spine to "investigate other conditions responsible for the patient's chronic symptomatology." CT scans are indicated when tumor, infection, or fracture are strongly suspected and there are no such concerns expressed. The requested CT IS NOT medically necessary.