

<b>Case Number:</b>	CM15-0034882		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	01/01/2001
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 male, who sustained an industrial injury on 02/01/2001. On provider visit dated 02/02/2015 the injured worker has reported back pain that radiates around the ribcage. On examination revealed tender over the T10- 11 segment. The diagnoses have included pseudarthrosis at T10, loosened aware at T10 and remote fusion T10 through S1 with retained hardware. Treatment to date has included x-rays. On 02/13/2015 Utilization Review non-certified CT scan to the lumbar spine without contrast. The CA MTUS, ACOEM Treatment Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan to the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**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 under CT scans.

**Decision rationale:** The patient presents with back pain that radiates around the ribcage. The request is for CT SCAN TO THE LUMBAR SPINE WITHOUT CONTRAST. The request for authorization is not provided. He has to change position frequently due to the pain. He can stand and walk. Tests and x-rays, date unspecified, shows evidence of radiolucency around the T10 screw suggestive of loosening, there is wedging of the T10 vertebral body, and there are spondylotic changes from T8 through T10. He is now off all narcotic pain medications. The patient is temporarily totally disabled. ODG guidelines, Low back Chapter under CT scans of the lumbar spine states: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Indications for imaging: 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." Treater does not provide reason for the request. ODG does not recommend CT scan of the lumbar spine unless there is lumbar spine trauma with neurologic deficit, or seat belt trauma with chance of fracture. CT would be also indicated to evaluation fusion. This patient has potential loosening around the hardware at T10. However, the request is for CT scan of the L-spine and not T-spine where the problem is. Therefore, the request IS NOT medically necessary.