

<b>Case Number:</b>	CM15-0035855		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/01/1989
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 73 year old male, who sustained an industrial injury on 5/1/1989. The diagnoses have included cervical degenerative disc disease, cervicalgia, lumbago and lumbar degenerative disc disease. Treatment to date has included surgical intervention and medication. According to the progress noted dated 12/22/2014, the injured worker complained of right sided low back pain that radiated to the right hip and buttock then down the posterior right leg to the knee. He also complained of neck and bilateral shoulder pain. Physical exam revealed an antalgic gait. Cervical spine range of motion was restricted due to pain. Lumbar spine range of motion was restricted due to pain. It was noted that lumbar x-rays revealed grade 1 anterolisthesis with instability at L4-L5, compensatory retrolisthesis at L3-L4 and severe spondylosis at all levels of the lumbar spine. The physician impression was that the injured worker was very deconditioned and would benefit from aggressive physical therapy. A computerized tomography (CT) scan would help aid in determining what type of injection the injured worker would most benefit from. Authorization was requested for a lumbar computerized tomography (CT) scan with three dimensional (3D) reconstruction. On 1/30/2015 Utilization Review (UR) non-certified a request for a lumbar computerized tomography (CT) scan with three dimensional (3D) reconstruction. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar CT Scan with 3D recon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Premium.

**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 Scan.

**Decision rationale:** Based on the 12/22/14 progress report provided by the treating physician, this patient presents with low back pain radiating to his right hip rated 5-9/10 on VAS scale. The treater has asked for LUMBAR CT SCAN WITH 3D RECON but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has not had prior surgeries for the lumbar per review of reports. There is no documentation of a lumbar MRI or lumbar X-ray in review of reports dated 9/24/14 to 12/22/14. The patient's current medications include Tramadol and Gabapentin which patient has been using with "good results" per 9/24/14, 12/9/14, 12/22/14 reports. The patient's work status is not included in the provided documentation. Regarding CT scans for the lumbar, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg. 309, Back Chapter states the following on Table 12-8. Summary of Recommendations for Evaluating and Managing Low Back Complaints: Clinical Measure, Imaging: "Recommended: CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." ODG Guidelines under the low back chapters states that CT scans are not recommended, except for trauma and neurological deficits. CT scan are indicated when tumor, infection, or fracture are strongly suspected per ODG. In this case, the treater does not provide reason for the request. ACOEM does not recommend a CT scan of the lumbar unless cauda equina, tumor, infection or fracture are suspected and with negative X-rays. 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 evaluate a fusion. This patient, however, had X-rays of the L-spine with spondylolisthesis at L4-5 and the treater notes "compensatory instability" at L3-4. The requested CT scan would appear reasonable given the patient's X-ray findings, for surgical planning. The request IS medically necessary.