

<b>Case Number:</b>	CM14-0113726		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/23/2005
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 56-year-old male with a 9/23/05 date of injury. At the time (6/18/14) of request for authorization for 1 CT scan of the lumbosacral spine without contrast, as an outpatient, there is documentation of subjective (constant pain of the head, neck, and back; numbness, tingling and weakness in the legs; and bowel and bladder dysfunction) and objective (tenderness to palpation over the lumbar spine, restricted range of motion of the lumbar spine, positive straight leg raise, normal motor strength, normal reflexes, and diminished sensation to pinprick along the posterolateral calf and thigh bilaterally) findings, imaging findings (MRI of the lumbosacral spine (3/26/14) report revealed posterior hypertrophy with central spinal stenosis at the L2-3 level, L4-5 facet arthropathy produces right greater than left neuroforaminal narrowing, L5-S1 shows central facet disc protrusion that abuts the thecal sac and potent spinal canal and neuroforamina), current diagnoses (lumbar stenosis, low back pain, and lumbar post laminectomy syndrome), and treatment to date (medications). There is no documentation of red flag diagnoses where plain film radiographs are negative; and consideration for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 CT SCAN OF THE LUMBARSCARAL SPINE WITHOUT CONTRAST, AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, table 12-8.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of a CT. Within the medical information available for review, there is documentation of diagnoses of lumbar stenosis, low back pain, and lumbar post laminectomy syndrome. In addition, given documentation of objective findings (diminished sensation to pinprick along the posterolateral calf and thigh bilaterally), there is documentation of objective findings that identify specific nerve compromise on the neurologic examination and failure of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative and patient is consideration for surgery. Therefore, based on guidelines and a review of the evidence, the request for 1 CT scan of the lumbar-sacral spine without contrast, as an outpatient is not medically necessary.