MAXIMUS Federal Services

| Case Number: | CM14-0115349 | | |
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| Date Assigned: | 09/16/2014 | Date of Injury: | 04/23/1999 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

## 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 Pain Medicine 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:

The injured worker is a 51-year-old male who reported an injury on 04/23/1999 when, while walking in a field, his left lower extremity stepped in a hole 20 by 30 feet and he fell forward with his chest on the ground. Diagnoses were failed back surgery syndrome, permanent implantation of spinal cord stimulator, right sided L4-5 and L5-S1 lumbar radiculopathy (EMG confirmed), moderate lumbar disc degeneration at the L5-S1 level, chronic myofascial pain syndrome, and status post right partial knee replacement. Past treatments were physical therapy, psychological evaluation, spinal cord stimulator implant, epidural steroid injections, and Visco supplementation for the right knee. Surgical history was L5-S1 discectomy and right partial medial patellofemoral arthroplasty. Physical examination on 07/15/2014 revealed complaints of low back and right knee pain with a score of 3/10 to 4/10. The injured worker complained of radicular pain in the bilateral lower extremities, right more than the left. The examination revealed increased lumbar lordosis. Mild atrophy of paraspinal muscles was present. There was diminished sensation to light touch along the medial and lateral border of the right leg, calf, and foot. The physical examination essentially remained unchanged. Manual motor strength was 5/5 except bilateral EHL and plantar flexors were 4+/5. The treatment plan was for a CT of the lumbar spine. The rationale and Request for Authorization were not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM low back disorders

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The decision for a CT scan of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging {MRI} for neural or other soft tissue, computer tomography {CT} for bony structures). Reliance solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before the symptoms began and therefore has no temporal association with the symptoms. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. It was reported in the 07/15/2014 examination that the physical examination essentially remained unchanged. There were no red flags on physical examination reported. There were no significant factors provided to justify a CT scan of the lumbar spine. Therefore, the request is not medically necessary.