

<b>Case Number:</b>	CM14-0132045		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	02/11/1993
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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:

The injured worker is a 49-year-old male who reported injury on 02/01/1993 caused by an unspecified mechanism. The injured worker's treatment history included x-rays, MRI studies, medications, psychological evaluation, and surgery. The injured worker was evaluated on 07/14/2014, and it was documented the injured worker complained of upper back and bilateral lower joint pain. The injured worker had undergone 19 unspecified spine surgeries, which include fusion from T6-S1. Examination findings showed unremarkable motor evaluation of the upper extremities. The injured worker stands on flexed posture and was definitely out of balance. X-rays of the spine revealed lateral and posterior spinal fixation from T6-7 as well as L1-S1. It was documented that due to the level of fusion, the provider was requesting the injured worker to be evaluated in order to do some sort of laminectomy for placement. It was documented the injured worker had a trial intra-articular pain pump implanted which he seemed to do significantly well with. The provider noted that imaging studies were required to assess the level of fusion throughout which area has the least amount of bone to drill through to get to his dural sleeve and canal. However, given the chronicity of the injured worker's condition, submitted documents fail to provide any previous relevant imaging studies to further consideration of the request. The Request for Authorization dated 07/14/2014 was for a CT scan of the Thoracic 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 Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Online Edition Chapter: Low Back Lumbar & Thoracic (Acute & Chronic) CT (Computed Tomography)

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

**Decision rationale:** The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, Special studies are recommended to identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk 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, computed tomography [CT] for bony structures. It was uncertain if the injured worker had had any prior MRIs/CT scans done to provide the needed information for the contemplated procedure. Additionally, the documents submitted failed to indicate deficits and indications of red flags. There is also no indication that the contemplated pain pump placement has already been authorized to warrant the necessity of the requested imaging studies. As such, there request for CT scan of the Thoracic Spine is not medically necessary.