

<b>Case Number:</b>	CM14-0179950		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Orthopedic surgery and is licensed to practice in New York. 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 patient is a 26-year-old female who's had surgery for L4-5 and L5-S1 fusion. The patient continues to have low back pain. She's had physical therapy without relief. The patient had a CAT scan. She's having worsening pain. On physical examination she has normal muscle strength in the lower extremities. She has normal sensation and reflexes in lower extremities. Lumbar range of motion is limited in all planes. At issue is whether lumbar CT scan with contrast is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT (computed tomography) scan of lumbar spine with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter

**Decision rationale:** This patient does not meet criteria for lumbar CAT scan with contrast. Specifically the medical records do not document adequate trial and failure of physical therapy. In addition recent x-rays are not documented. There is no documentation of neurologic findings.

There are no red flag indicators for spinal CT imaging such as progressive neurologic deficit or evidence of broken hardware. More conservative measures are necessary. Recent x-rays must be documented. CT scan is not medically necessary at this time.