

<b>Case Number:</b>	CM14-0184458		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 25 year old with an injury date on 3/16/09. The patient complains of severe constant lower back pain radiating across lower back. The patient has failed conservative treatment, is s/p L5-S1 lumbar fusion. Based on the 10/22/14 progress report provided by the treating physician, the diagnoses are: 1. lumbago 2. low lumbar back pain s/p L5-S1 fusion Exam on 10/22/14 showed "L-spine range of motion limited, with extension at 10 degrees. No radiculopathy component in today's exam." Patient's treatment history includes physical therapy, medication, trigger point injections, facet diagnostic blocks, lumbar epidural steroid injections, and posterior lumbar fusion at L5-S1 from 2012. The treating physician is requesting MRI of the lumbar spine, and CT scan of the lumbar spine. The utilization review determination being challenged is dated 11/5/14. The requesting physician provided treatment reports from 6/25/14 to 10/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web Edition, Official Disability Guidelines (ODG), Low Back Chapter, Web Edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back Chapter, Protocols

**Decision rationale:** This patient presents with lower back pain. The physician has asked for an MRI of the lumbar spine on 10/22/14 as the AME physician stated "in the event the patient's condition was to worsen, updated MRI studies should be performed." Patient had a prior lumbar MRI done of unspecified date (sometime before 4/30/12 lumbar fusion) that showed "nothing wrong with his back" per 10/13/14 AME, but patient went to another doctor for second opinion and had the lumbar fusion done. ODG guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, there is no documentation of any red flags, or deterioration neurologically, there was no reason to obtain another MRI. The physician does not provide a rationale for a repeat lumbar MRI. The request is not medically necessary.

**CT scan of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web Edition, Official Disability Guidelines (ODG), Low Back Chapter, Web Edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** This patient presents with lower back pain. The physician has asked for a CT scan of the lumbar spine on 10/22/14. The patient had a prior CT Scan of the lumbar spine of unspecified date, but sometime between 4/30/12 lumbar fusion at L5-S1, and 9/12/13 EMG/NCV of bilateral lower extremities, which showed "some facet arthropathy at L4-5 at the level above his fusion as well as hardware in place at L5-S1 and beginnings of interbody fusion" per 6/25/14 report. Original lumbar CT scan was not included in reports. Regarding CT scans for the lumbar, ACOEM recommends when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. In this case, the patient had a lumbar CT within the last 2.5 years. The physician does not explain the necessity to have a new lumbar CT done. The requested CT (computed tomography) scan of the lumbar spine is not medically necessary in this case.