

<b>Case Number:</b>	CM14-0080862		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/11/1993
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Pain Management, and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury with a date of injury of 02/11/93 with a prior history of a motor vehicle accident and multiple spinal surgeries. His work-related injury occurred when he fell down stairs. He underwent additional spinal surgery. He was seen by the requesting provider on 11/05/13 for follow-up of neck and back pain. He was having difficulty standing and walking. Medications were helping. No physical examination findings are reported. Zofran 4mg two times per day #60 and Oxycodone 30mg 4-5 times per day were prescribed. An intrathecal opioid pump trial was considered. On 02/04/14 he was having ongoing pain. Current medications are documented as Norco, Gabapentin, Avinza, Skelaxin, Neurontin, Oxycodone (listed twice), Nucynta, Soma, OxyContin, Percocet 10/325mg, Compazine, and Ambien. Physical examination findings included appearing in no acute distress. There was a positive right Spurling's test. There were no lumbar spine tenderness or muscle spasms. However, a second examination is documented. In this examination there was bilateral cervical paraspinal and trapezius muscle tenderness with severely decreased range of motion attributed to pain. There was positive Spurling's testing bilaterally. A thoracic spine x-ray showed normal instrumentation without abnormality and a lumbar spine x-ray showed degenerative disc disease. Trigger point injections were performed. He underwent a psychological evaluation for an intrathecal opioid pump on 02/14/14. His history of injury was reviewed. He had pain radiating into the lower extremities rated at 6-10/10. He was felt to be appropriate for the trial which was done on 03/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Lumbar Spine W/O contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 53.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), CT (computed tomography).

**Decision rationale:** The claimant is more than 20 years status post work-related injury and continues to be treated for chronic pain. He has a remote history of multiple spinal surgeries without new injury. Guidelines address the role of CT scanning with applicable criteria in this case including plain x-rays that do not confirm a successful fusion. In this case, x-rays show normal instrumentation without abnormality. There is no evidence that would meet the criteria for obtaining the requested CT scan which is therefore not medically necessary.