

<b>Case Number:</b>	CM14-0091901		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Internal Medicine, Pulmonary Diseases 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 61-year-old female who reported an injury on 12/11/1994. Mechanism of injury was not submitted for clinical review. The diagnoses included lumbar spine herniated nucleus pulposus with radiculopathy and right hip pain. The previous treatments included medication, injections, and physical therapy. The diagnostic testing included an MRI of the lumbar spine and x-rays. Within the clinical note dated 06/10/2014, it was reported the injured worker complained of frequent aching in her low back with radiation to the bilateral lower extremities. The injured worker complained of frequent aching in her right hip, secondary to low back pain. She rated her pain 7/10 to 8/10 in severity without medication or therapy. On physical examination of the lumbar spine, the provider noted tenderness to palpation with muscular spasms over the paraspinal musculature. The provider noted the injured worker had reduced range of motion particularly upon flexion and rotation. The provider noted the injured worker had a positive Kemp test and straight leg raise bilaterally. The provider indicated the injured worker had weakness of the right lower extremity. The injured worker had tenderness to palpation over the greater trochanter. The request submitted is for a CT scan of the chest. However, a rationale is not provided for clinical review. The Request for Authorization is not submitted for clinical review

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the chest:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

**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, Computed Tomography

**Decision rationale:** The request for CT scan of the chest is not medically necessary. The Official Disability Guidelines note CT scans are not recommended except for indications below, including thoracic spine trauma; equivocal or positive plain films; thoracic spine with neurological deficits; lumbar spine trauma, seat belt or a chance fracture; myelopathy, infectious in the patient; deficits related to spinal cord injury; and evaluate positive effect not identified on an x-ray. There is lack of significant objective findings indicating the injured worker had unequivocal positive plain films with no neurological deficits, a seat belt fracture, or neurological deficits related to spinal cord injuries. There is lack of significant objective findings warranting the medical necessity for the CT scan of the chest. Therefore, the request is not medically necessary.