

<b>Case Number:</b>	CM14-0115375		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 74-year-old female, with a reported date of injury of 07/31/2007. The diagnoses include status post lumbar foraminotomy, posterior fusion, and instrumentation; chronic low back pain; and status post revision lumbar fusion and instrumentation. Treatments to date have included an x-ray of the lumbar spine on 06/26/2014 which showed postsurgical changes of the lumbar spine; oral medications; lumbar facet joint evaluation in 01/2011 with negative findings; and electrodiagnostic studies of the bilateral legs in 10/2012 with negative findings. The progress report dated 06/26/2014 indicates that the injured worker was almost six months post-operative. She noticed back pain on 06/25/2014 after vacuuming. The injured worker denied having any leg pain. The objective findings include negative sciatic nerve stretch test; less hypersensitivity of the right leg involving the L5 and S1 dermatomes; and normal motor strength of the lower extremity. The recommendations included a lumbar CT (computerized tomography) scan from L3 to the sacrum prior to sending the injured worker to supervised physical therapy. The treating physician requested a CT scan of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar CT Scan from L3 to S1 with 2mm cuts with sagittal/coronal Reconstruction:**  
 Upheld

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

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

**Decision rationale:** CA MTUS/ACOEM Chapter 12 Low Back Complaints, pages 303-305 demonstrates a CT scan is indicated for bony structures if there is physiologic evidence of impairment. Per the exam note of 6/26/14, is insufficient evidence of physiologic tissue insult or nerve impairment. Although the CT scan would be the choice after trauma or when non-union is suspected, there is no evidence that trauma has occurred and 3 months is too early to evaluated for non-union when the x-rays of 6/26/14 show stable interval position of hardware. Given the lack of objective evidence to support a CT scan, the request is not medically necessary or appropriate.