

<b>Case Number:</b>	CM14-0057761		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/12/1994
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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, New York  
Certification(s)/Specialty: Internal Medicine

### 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 67 year old male, who sustained an industrial injury on 05/12/1994. He has reported subsequent back pain and was diagnosed with degenerative disc disease and status post multilevel lumbar fusion. Treatment to date has included oral pain medication and spinal cord stimulator placement. In a progress note dated 03/06/2014, the injured worker complained of increasingly severe low back pain. Objective findings were notable for posterior lumbar tenderness and extreme pain with extension. The physician noted that due to increasing back pain, a CT scan of the lumbar spine was being ordered to evaluate the facet joints and a request for authorization of CT scan was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**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 section, Computed Tomography.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Cat Scan (CT) of the lumbar spine is not medically necessary. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The new ACP/APS guideline states CT scanning should be avoided without a clear rationale for doing so. Indications for CT scanning include, but are not limited to, thoracic spine trauma with neurologic deficit, equivocal or positive plain films with no neurologic deficit; lumbar spine trauma with neurologic deficit; etc. in this case, the injured worker's working diagnoses are possible adjacent degenerative disc disease; and status post multilevel lumbar fusion. The documentation in the medical record shows the injured worker had multiple CAT scans of the lumbar spine and multiple MRIs of the lumbar spine. CAT scans of the lumbosacral spine were performed on October 23, 2009; June 6, 2003; August 5, 2011; and October 23, 2009. The CAT scan dated October 23, 2009 showed status post spinal fusion L4 - L5 and L5 - S1 vertebral bodies. There were mild disc bulges at L2 - L3 and L3 - L4. Multiple magnetic resonance imaging scans were performed. The inclusive dates are June 13, 1997; December 17, 1998; November 5, 1998; December 4, 1997; November 26, 2000; and February 3, 2004. The MRI dated February 3, 2004 show disc desiccation at L3 - L4. A 2 mm broad-based disc bulge is present. The worker is status post fusion using bilateral pedicle screws. There is no evidence of residual canal stenosis with definite neuroforaminal narrowing. The injured worker has a spinal cord stimulator in place so magnetic resonance imaging is contraindicated. The guidelines state CT scanning includes myelopathy (neurologic deficit related to the spinal cord, traumatic; evaluate successful fusion if plain x-rays do not confirm fusion; etc. A progress note dated October 1, 2013 (six months prior to the date of request for authorization) states, in the subjective section, the injured worker has continuing complaints of low back pain which is often severe. In the more recent progress note dated March 6, 2014 (request for authorization), the subjective section similarly states the injured worker's condition is the deteriorating. He is noting increasingly severe low back pain. The documentation does not contain a neurologic evaluation. The injured worker, as noted above, has had multiple magnetic resonance imaging scans and CAT scans of the lumbar spine. The new ACP/APS guideline states CT scanning should be avoided without a clear rationale for doing so. There is no clear rationale and the medical record based on the medical record documentation in the absence of a complete physical examination and neurologic evaluation. Consequently, absent clinical documentation with a complete subjective and objective physical examination with neurologic evaluation, computed tomography lumbar spine is not medically necessary.