

<b>Case Number:</b>	CM15-0018097		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/04/1991
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old female who reported an injury on 03/04/1991. The mechanism of injury was not specifically stated. The current diagnoses include discogenic lumbar condition with facet inflammation. The injured worker was status post lumbar fusion in 2000. On 12/17/2014, the injured worker presented for a followup evaluation. It was noted that the injured worker had been previously seen by an orthopedic surgeon for consultation, who requested electrodiagnostic studies, x-rays and a CT scan of the lumbar spine to assess for a fusion and surgical planning purposes. The injured worker has persistent pain, worsened over several years, which has not responded to conservative treatment in the form of injections, medication and physical therapy. Upon examination, there was tenderness across the lumbar paraspinal muscles bilaterally, pain along the facets, pain with facet loading, and pain along the SI joints. Recommendations at that time included continuation of the current medication regimen of tramadol ER 150 mg, Flexeril 7.5 mg, as well as x-rays and a CT scan of the lumbar spine. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan and x-rays 4 views lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious pathology. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. In this case, it is noted that the CT scan with x-rays of the lumbar spine had been recommended by an orthopedic surgeon for evaluation of fusion and further surgical planning. However, it is noted that the injured worker underwent a recent MRI of the lumbar spine. The orthopedic surgeon progress note was not provided for this review. Therefore, the medical rationale for performing a lumbar CT scan following a recent MRI of the lumbar spine was not provided. The injured worker also underwent recent x-rays of the lumbar spine. The medical necessity for additional x-rays has not been established. There is no documentation of an acute traumatic event or a significant change in symptoms. Given the above, the request is not medically appropriate.