

<b>Case Number:</b>	CM15-0111883		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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

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 an 86 year old female who sustained an industrial injury on 07/31/14. Initial complaints and diagnoses are not available. Treatments to date include medications, home exercise program, physical therapy, and trigger point injections. Diagnostic studies are not addressed. Current complaints include bilateral arm and back pain. Current diagnoses include neck, back, and arm pain, foot fracture, cervical radiculitis, and degenerative disk disease. In a progress note dated 03/09/15 the treating provider reports the plan of care as a SPECT CT scan of the cervical and lumbar spine, electrodiagnostic studies, physical therapy, and acupuncture. The requested treatments include 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:

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Imaging, pages 303-304.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT Scan of the Lumbar spine nor document any specific change in clinical findings to support this imaging study as the patient has unchanged ongoing chronic complaints, clinical neurological deficits post lumbar fusion surgery for this injury of 2014 without report of flare-up, new injuries, progressive change or failed conservative treatment. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT scan of the lumbar spine is not medically necessary and appropriate.