

<b>Case Number:</b>	CM15-0120445		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/05/2006
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, 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 46 year old male who sustained an industrial injury on December 5, 2006. He has reported pain in the left knee and has been diagnosed with chronic pain syndrome, other chronic postoperative pain, and spinal cord stimulator implant. Treatment has consisted of medications, injections, spinal cord stimulator, Physical therapy, and a TENS unit. He explains that with the use of medication his pain was rated a 3 or 4/10. He can complete all activities of daily living without assistance, but without any medications it is a challenge. The treatment request included a CT of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized tomography (CT) scan of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic) chapter, CT (computed tomography).

**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, Computerized Tomography (CT).

**Decision rationale:** Pursuant to the Official Disability Guidelines, CT scan of the lumbar spine is not medically necessary. Magnetic resonance imaging has largely replaced computerized 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 chronic pain syndrome/CRPS; other chronic postoperative pain; and SCS implant October 2010. Date of injury is December 5, 2006. The request for authorization is dated May 29, 2015. A progress note dated May 18, 2015 subjectively states the injured worker has ongoing left knee pain and back pain that is unchanged. The injured worker has been off all medications for 3 1/2 weeks. Pain scale without medications is 7/10. Pain scale with medications is 3-4/10. Objectively, examination of the lumbar spine was non-tender with negative straight leg raising bilaterally and a normal gait. There was no neurological evaluation performed. There is no clinical rationale for computerized tomography of the lumbar spine. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, normal physical examination of the lumbar spine, CT scan of the lumbar spine is not medically necessary.