

<b>Case Number:</b>	CM15-0123283		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This injured worker is a 55 year old male who reported an industrial injury on 3/20/2006. His diagnoses, and or impression, were noted to include: radicular syndrome of the lower limbs. No current imaging studies were noted. His treatments were noted to include pain management and surgical consultations; diagnostic studies; medication management; and rest from work. The progress notes of 1/5/2015 reported complaints which included severe pain, with no objective findings noted. The physician's requests for treatments were noted to include a computed tomography scan of the lumbar spine to determine, with more clarity, the anatomy in that area and determine the need for further intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan (Lumbar Spine) (Thin Sliced):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to MTUS guideline, CT scan of the lumbar spine is able to identify low back pathology in case of disc protrusion, spinal stenosis, post laminectomy syndrome and Cauda Equina syndrome. CT or MRI of the back is indicated when cauda equina tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. There is no documentation supporting that the patient developed a serious condition or have a dramatic change of his condition requiring a new imaging study. Therefore, the request for a CT scan of lumbar spine is not medically necessary.