

<b>Case Number:</b>	CM15-0123298		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	06/02/1999
<b>Decision Date:</b>	08/04/2015	<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:

The injured worker was a 60 year old male, who sustained an industrial injury, June 2, 1999. The injured worker previously received the following treatments bilateral L3 and L4 selective epidural steroid injection, single level hardware block, Tylenol #3, Ambien, Gabapentin, Hydrocodone and lumbar spine x-rays. The injured worker was diagnosed with chronic pain syndrome, depression, probable L3-L4 adjacent segment degeneration and instability and status post remote L4 to S1 anterior fusion with posterior fixation. According to progress note of April 6, 2015, the injured worker's chief complaint was lower back pain located above the waist in the midline with radiation to the bilateral buttocks, hips and posterior thigh. The pain was described as achy in nature. The symptoms were worse after sitting for 30-45 minutes, walking more than 15-30 minutes or bicycle riding, lifting more than 5 pounds, climbing up hills and stairs and using the elliptical aerobic trainer with arm posts more than 15 minutes as well as sneezing and flexion. The symptoms were relieved by lying down on the sides, local message and heating pad. The physical exam noted the injured worker had a normal gait. The injured worker was able to walk with heels and toes normally. There was pain with forward flexion, which was full. There was extreme pain with extension. There was dysrhythmia on standing upright from flexion. There was 85% sensation in the right L3 dermatome. The right quadriceps muscles were weak. The seated straight leg raises were negative. The treatment plan included lumbar spine CT scan for recommendations regarding possible surgical treatment.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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.