

<b>Case Number:</b>	CM15-0123766		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/29/2015
<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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 59 year old male, who sustained an industrial injury on 4/27/2010. The mechanism of injury is a fall from a ladder. The injured worker was diagnosed as having chronic pain syndrome, cervical spondylosis with myelopathy, chronic sacroiliac joint pain and cervical degenerative joint disease. There is no record of a recent diagnostic study. Treatment to date has included lumbosacral fusion, spinal cord stimulator placement and revision, thoracic 1-8 laminectomies, injections, physical therapy and medication management. In a progress note dated 5/12/2015, the injured worker complains of sacroiliac joint pain, radiating up the back and neck. Pain was rated 5/10 by the injured worker. Physical examination showed ankle swelling. The treating physician is requesting lumbar computed tomography scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT (computed tomography) 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) Treatment in Workers Compensation (TWC): Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar and Thoracic (Acute and Chronic), (updated 05/15/15), Indications for imaging.

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

**Decision rationale:** This 59 year old male has complained of neck pain and low back pain since date of injury 4/27/10. He has been treated with spinal stimulation, surgery, physical therapy and medications. The available medical records show a request for CT of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms are not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, CT of the lumbar spine is not medically necessary.