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| <b>Case Number:</b>   | CM15-0173509 |                              |            |
| <b>Date Assigned:</b> | 09/15/2015   | <b>Date of Injury:</b>       | 02/11/2013 |
| <b>Decision Date:</b> | 10/15/2015   | <b>UR Denial Date:</b>       | 08/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2015 |

### 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 38 year old male, who sustained an industrial injury on 2-11-2013. The injured worker was diagnosed as having status post L4 to L5 artificial disc replacement and L5 to S1 ALIF (anterior lumbar interbody fusion) with persistent pain and bilateral radicular symptoms. Treatment to date has included diagnostics, physical therapy, lumbar spinal surgery on 5-08-2013, and medications. A point of maximal medical improvement was noted on 7-08-2015. Currently (7-20-2015), the injured worker complains of pain in his back and bilateral legs, with numbness in bilateral legs. He was working modified duties. Pain was aggravated by too much standing, sitting, and walking. Pain was made better by Tylenol and exercise. Current medications included Tylenol #3 and it was noted that he had not tried Ibuprofen. A spinal exam noted a normal gait, 5 of 5 strength in the lower extremities, except for some pain limited quad strength on the left lower extremity. His sensory was intact in all dermatomes. A computerized tomography myelogram (4-02-2014) was documented to show a satisfactory appearance of the anterior posterior fusion and adequate spinal decompression. X-rays performed were documented as showing significant scoliosis "at those levels" and disc degeneration. The treatment plan included a repeat lumbar magnetic resonance imaging and repeat computerized tomography of the lumbar spine, noting that it would better characterize his group placement. On 8-31-2015, the Utilization Review non-certified the request for repeat computerized tomography of the lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat CT Scan Lumbar without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**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, Computed tomography (CT).

**Decision rationale:** Pursuant to the Official Disability Guidelines, repeat CAT scan of the lumbar spine without contrast is not medically necessary. Magnetic resonance imaging has largely replaced cubit 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 status post L4 - L5 artificial disc replacement; and L5 to S1 ALIF with persistent pain and bilateral radicular symptoms. The date of injury is February 11, 2013. Request for authorization is dated August 25, 2015. According to the documentation, the injured worker had a CT myelogram on April 2, 2014. It was a satisfactory appearance of the fusion. Repeat x-rays were performed June 26, 2015. There were no acute findings noted. According to a July 20, 2015 progress note, subjectively the injured worker had complaints of progressive pain down the left lower extremity numbness and pain over the prior several months. Objectively, there were no focal neurologic deficits. There was no motor dysfunction. There was no sensory dysfunction. The requesting provider asked the patient to bring in the prior CAT scan and CAT scan myelogram on CD disk for review. The treating provider wants to repeat the CAT scan lumbar spine without contrast to better characterize his group placement. Radiographic examination showed the patient has significant scoliosis at these levels and disc degeneration. Utilization review states the worker had a prior magnetic resonance imaging scan one-year prior. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, unremarkable prior CAT scan myelogram performed April 2, 2014, magnetic resonance imaging scan performed one year ago and no clinical focal neurologic objective findings, repeat CAT scan of the lumbar spine without contrast is not medically necessary.