

<b>Case Number:</b>	CM15-0069114		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/29/2006
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 66 year old male, who sustained an industrial injury on 11/29/2006. Diagnoses include status post lumbar fusion, status post left foraminotomy, status post irrigation and debridement of lumbar wound, superficial wound hematoma versus infection, and status post cervical discectomy and fusion. Treatments to date include medication therapy, physical therapy, and home exercise. Currently, he complained of continued back pain and right leg pain with numbness and tingling with some improvement reported since lumbar fusion a year earlier, however, symptoms still persist. On 12/19/14, the physical examination documented lumbar muscle spasms tender to palpation. The provider documented a diagnosis of status post lumbar interbody fusion at L4-5, rule out non-union. The plan of care included a repeated request for a CT scan of lumbar spine. The injured worker is status post lumbar fusion one year ago and he continues to have some back and leg pain. Treating physician is concerned that he has a non-union or a delayed union. The treating physician notes that he can't tell from x-rays if he is solidly fused. Lumbar X-rays on 8/29/14 AP and lateral view show fusing bone, but it is difficult to see if there is a solid fusion in the anterior interbody space.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spiral CT scan of lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary last updated 03/24/2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**Decision rationale:** According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to ODG, CT (computed tomography) is recommended to evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the injured worker is status post lumbar fusion and he continues to have some back and leg pain. The treating physician is concerned that the injured worker has a non-union or a delayed union. The treating physician notes that he can't tell from x-rays if he is solidly fused. Lumbar X-rays on 8/29/14 show fusing bone in the anterior-posterior and lateral view. However, the treating physician notes it is difficult to see if there is a solid fusion in the anterior interbody space. The request for additional imaging to determine the integrity of the fusion is supported.