

<b>Case Number:</b>	CM15-0072572		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old male who sustained an industrial injury on July 27, 2012. He has reported back pain and has been diagnosed with persistent axial back and leg pain; suspect residual foraminal stenosis. Treatment has included injection, acupuncture, physical therapy, and chiropractic care. Currently the injured worker had discogenic back pain and right sided leg pain. The treatment request included a CT of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 CT lumbar scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**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 - Lumbar & Thoracic (Acute & Chronic), CT (computed tomography).

**Decision rationale:** The claimant is nearly 3 years status post work-related injury and underwent a lumbar fusion on 05/22/13. He has already had postoperative pain film x-rays and a CT scan which were done in July 2014 and which were negative for instability and confirmed a solid fusion. When seen, he was having ongoing back and leg pain without new injury. Authorization for a repeat CT scan of the lumbar spine was requested. Guidelines address the role of CT scanning with applicable criteria in this case including plain x-rays that do not confirm a successful fusion. In this case, there is no evidence by x-rays of the lumbar spine which could include flexion/extension views that would meet the criteria for obtaining the requested repeat CT scan which was therefore not medically necessary.