

<b>Case Number:</b>	CM15-0095703		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	05/27/2008
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: 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:

This 55 year old male sustained an industrial injury to the neck, back, shoulders and leg on 5/27/08. Previous treatment included magnetic resonance imaging, electromyography, lumbar fusion, physical therapy, chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulator unit and medications. Computed tomography lumbar spine (8/20/13) showed disc bulge with retrolisthesis and neural foraminal narrowing. In an initial orthopedic evaluation dated 11/12/14, the injured worker complained of constant neck and low back pain rated 7-8/10 on the visual analog scale associated with weakness, numbness, giving way and grinding. The pain radiated to the left buttock, shoulder and leg. Physical exam was remarkable for tenderness to palpation to the lumbar spine with guarding and spasm, 4/5 muscle strength and restricted range of motion. Current diagnoses included lumbar myalgia, lumbar myospasm, left sided lumbar radiculitis and status post lumbar surgery in 2012. The physician recommended magnetic resonance imaging lumbar spine, x-rays of the lumbar spine, computed tomography lumbar spine and electromyography/nerve conduction velocity test lower extremity. A progress report dated February 9, 2015 indicates that a CT scan of the lumbar spine was performed on August 20, 2013. Physical examination findings revealed decreased sensitivity to touch and pinpoint along the L4 dermatome in the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine CT (computerized tomography) scan: 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-TWC), CT (Computed Tomography).

**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 (ODG) Low Back, CT (computed tomography), MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Repeat imaging is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, it appears the patient has objective examination findings identifying radicular symptoms. MRI is generally recommended to evaluate radicular complaints. There is no statement indicating why a CT scan would be preferred in this particular case. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested CT. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent CT of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar CT is not medically necessary.