

Case Number:	CM13-0041657		
Date Assigned:	12/20/2013	Date of Injury:	12/12/2012
Decision Date:	04/30/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a cane; extensive periods of time off work; MRI imaging of the lumbar spine of May 21, 2013, notable for mild narrowing of the L1-L2 interspace with no specific abnormality identified at L2-L3, L3-L4 and L5-S1 with facet arthropathy noted at L4-L5. In a Utilization Review Report of October 17, 2013, the claims administrator denied a request for CT discography of the lumbar spine. The applicant's attorney subsequently appealed. Final Determination Letter for IMR Case Number [REDACTED] A September 20, 2013 progress note is notable for comments that the applicant reports persistent low back pain radiating down the leg. The applicant has limitations with various activities of daily living, including housework, grocery shopping, sweeping, and raking leaves. The applicant is described as having an unremarkable MRI, but is ambulating with the aid of a cane. CT discogram is sought as the attending provider believes that MRI is under reading the situation. Norco is refilled while the applicant is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT DISCOGRAM OF THE LUMBAR SPINE: L2-L3, L3-L4, L4-L5, AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: No, the proposed CT discogram of the lumbar spine is not medically necessary, medically appropriate or indicated here. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, discography and CT discography "not recommended" as ACOEM does not deem discography as an accurate presurgical tool. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary so as to try and offset the unfavorable ACOEM recommendations. Therefore, the request is not certified, on Independent Medical Review.