

Case Number:	CM13-0042558		
Date Assigned:	11/17/2014	Date of Injury:	08/07/2012
Decision Date:	12/17/2014	UR Denial Date:	10/11/2013
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 applicant is a represented [REDACTED], incorporated employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 7, 2012. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated October 11, 2013, the claims administrator denied a request for CT diskography of the lumbar spine, exclusively invoking non-MTUS-ODG Guidelines. The applicant's attorney subsequently appealed. In an earlier note dated August 9, 2013, the applicant reported ongoing complaints of low back pain status post earlier cluneal nerve block. The applicant's medication list included naproxen, topical Xoten, Synthroid, Januvia, Zocor, and tramadol. The attending provider gave the applicant diagnoses of cluneal nerve entrapment, lumbar disk protrusions, and lumbar facet syndrome. The applicant was asked to continue Naprosyn for pain relief. On September 11, 2013, the applicant again reported ongoing complaints of low back pain in the buttock region. The applicant was not working, it was acknowledged. The applicant's pain was exacerbated by walking. It was stated in one section of the note that the applicant discontinued Naprosyn owing to concerns over potential end-organ damage. Lumbar paraspinal tenderness and cluneal nerve tenderness were appreciated with slightly limited lumbar range of motion. CT diskography of lumbar spine was sought in an attempt to search for pain generators and/or instability. In a September 18, 2013 progress note, the applicant was again 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:

Discogram CT at L3-L4, L4-L5, and L5-S1: 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), 2013, Low Back, Discogram

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8 309.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 12, Table 12-8, page 309, CT diskography, the article at issue here, is deemed "not recommended." In this case, the attending provider has not furnished any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Rather, the attending provider's progress note seemingly suggests that the applicant's pain is a function of cluneal nerve entrapment versus facetogenic pain versus lumbar paraspinal pain. It has not been clearly established how CT diskography would be of benefit here. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.