

Case Number:	CM14-0159545		
Date Assigned:	10/01/2014	Date of Injury:	07/28/2011
Decision Date:	11/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for CT diskogram of the lumbar spine while approving a psychiatric evaluation. The applicant's attorney subsequently appealed. In an October 8, 2014 progress note, the applicant reported a persistent complaints of low back pain radiating to the bilateral lower extremities, moderate in intensity, 4-4+/5 lower extremity strength was appreciated. The applicant had multilevel disk bulges, degenerative changes, and neuroforaminal stenosis noted on MRI imaging of January 23, 2014. Authorization for lumbar fusion surgery was sought. Physical therapy was endorsed while the applicant was kept off of work, on total temporary disability. It appears that the CT diskogram in question was sought via a request for authorization of form (RFA) form dated August 15, 2014, which does not appear to have been incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT discogram lumbar spine (one call medical): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66, 303-305.

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

Decision rationale: The request for CT diskogram 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, the CT diskography, the article at issue here, is deemed "not recommended." In this case, it is further noted that the attending provider has already signaled his intention to pursue a surgical remedy involving the lumbar spine, deeming the results of earlier lumbar MRI imaging of January 27, 2014 positive. It is not clear what role CT diskography would play in this context. Therefore, the request for CT Discogram is not medically necessary.