

Case Number:	CM14-0189158		
Date Assigned:	11/20/2014	Date of Injury:	07/16/2008
Decision Date:	01/08/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/12/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 56-year-old male with a date of injury of 07/16/2008. The listed diagnosis is degenerative disk disease L4-L5 and L5-S1, rule out internal disk disruption with right leg radiculopathy. According to progress report dated 09/17/2014, this patient presents with continued low back pain radiating down his lower extremities. The pain intensifies with weight-bearing, and the patient is dependent on a cane. Examination of the lumbar spine revealed tenderness over the low back, SI joint, and paraspinal musculature with guarding. Range of motion and motor strength are "reduced." There is positive orthopedic testing for the lumbar spine. The medical file indicates the patient underwent a lumbar epidural steroid injection on 06/26/2014. The treating physicians recommend patient continue with medication and request was made for a discogram of the L4-L5 and L5-S1, "as previously recommended by [REDACTED] and spine specialist, [REDACTED]. The treating physician in his report dated 09/13/2014 notes that patient's MRI of the lumbar spine from November 2013 were reviewed which "Showed significant degeneration disk disease and degeneration endplate changes at L4-L5, L5-S1. The disks are well-hydrated. MRI of the axial cut showed significant foraminal stenosis at L4-L5 and L5-S1." The treating physician states that the patient is most likely a surgical candidate "However, prior to recommending surgery, I want to get a discogram to confirm that the L4-L5, L5-S1 disease are the pain generators." Request for authorization (RFA) from 09/13/2014 request a "CT scan L3-L4, L4-L5, and L5-S1." The utilization review denied the request on 10/08/2014. Treatment reports from 04/26/2014 through 11/08/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT scan of L3-4, L4-5, 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), Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), the Low Back Chapters, CT scans.

Decision rationale: This patient presents with chronic low back pain that radiates into the right lower extremity. According to the treating physician, the patient is a surgical candidate, and he would like further imaging before recommending surgery. The current request is for one CT scan of L3-L4, L4-L5, and L5-S1. ACOEM Guidelines page 309 states under CT, recommendation is made when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. ODG Guidelines under the low back chapters states that CT scans are not recommended, except for trauma and neurological deficits. CT scan are indicated when tumor, infection, or fracture are strongly suspected. This patient underwent an MRI of the lumbar spine in November of 2013, which revealed significant degenerative disease and endplate changes at L4-L5 and L5-S1. The MRI report was not provided for my review but discussion of its finding was provided on treating physician's report dated 09/13/2014. The ODG guidelines support CT scans but there is specific criteria for CT scans. In this case the treating physician has made a request to confirm that L4-L5, L5-S1 disks are the pain generators before recommending surgery and discussed the need for a discogram. The current request is only for a CT scan and not a discogram. The ODG guidelines do not recommend discograms for the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. In regards to CT scans, the ODG only supports CT following spine trauma with equivocal or positive plain films, neurological deficits, fractures, myelopathy, pars defects and to evaluated successful fusion if plain films do not confirm fusion. None of the supported criteria has been documented as required by ODG. The request is not medically necessary.