

Case Number:	CM14-0206755		
Date Assigned:	12/18/2014	Date of Injury:	03/13/2010
Decision Date:	02/17/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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 March 13, 2010. In a Utilization Review Report dated November 13, 2014, the claims administrator failed to approve a request for a CT scan of the lumbar spine on the grounds that the applicant had had recent CT scanning on June 13, 2014 demonstrating multilevel disk protrusions of uncertain significance. The claims administrator also denied a diskogram. Non-MTUS 2007 ACOEM Guidelines were invoked in conjunction with a variety of MTUS guidelines. The claims administrator referenced an October 17, 2014 progress note and an RFA form of November 7, 2014 in its determination. The applicant's attorney subsequently appealed. On September 26, 2014, the applicant reported persistent complaints of low back pain, exacerbated by lying in a recumbent position. Positive straight leg raising was noted. The applicant exhibited left lower extremity strength ranging from 4-5/5 versus 5/5 lower extremity strength throughout. The applicant was described as having multilevel disk bulges, annular fissuring, disk degeneration, and bilateral facet hypertrophy appreciated on MRI imaging of March 6, 2014. Norco was endorsed. Diskogram was again sought. On March 5, 2014, the attending provider again sought authorization for diskogram, stating that earlier MRI imaging performed was of a poor quality. The attending provider then stated that he would be willing to withhold the request for a diskogram if he were furnished with a higher-quality lumbar MRI. On March 12, 2014, the applicant reported persistent complaints of low back pain radiating to the left lower extremity. Positive straight leg raising was noted bilaterally with left lower extremity strength ranging from 4-5/5 versus 5/5 about the right lower extremity. The attending provider alluded to lumbar MRI imaging performed on March 6, 2014 demonstrating multilevel disk bulging, facet hypertrophy, and degenerative changes of uncertain significance. The attending provider stated that diskography

was being needed to determine the applicant's need for a surgical intervention along with a post-diskogram CT myelogram. In an earlier note dated August 15, 2014, the applicant's pain management physician sought authorization for a CT of the lumbar spine and a diskogram of the lumbar spine owing to stated diagnosis of multilevel lumbar degenerative disk disease. The applicant again reported persistent complaints of low back pain radiating to the left leg. On September 23, 2014, the applicant's neurosurgeon reiterated his request for diskography. In a June 27, 2014 progress note, the attending provider noted that the applicant had had a CT scan of the lumbar spine on June 30, 2014 demonstrating multilevel disk protrusions and disk bulges of uncertain clinical significance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One CT scan of lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-7, page 304.

Decision rationale: The MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 notes that CT imaging scored a 3/4 in its ability to identify and define suspected disk protrusions, as are suspected here, while MRI imaging, i.e., the diagnostic test already performed, scored a 4/4 in its ability to identify and define the same. Here, the attending provider did not clearly state why CT imaging was being sought so soon after the applicant had recently received nondescript, largely negative, and non-diagnostic lumbar MRI imaging on March 6, 2014. The requesting provider (s) did not clearly state how CT imaging so soon after the applicant's received CT imaging on June 30, 2014 which likewise demonstrated low-grade disk protrusions and bulges of uncertain clinical significance would influence or alter the treatment plan. It was not clearly established how or why the attending provider believed that a repeat CT scan would prove beneficial here, a few months removed from the date the applicant had received earlier negative-to-nondescript CT imaging of the lumbar spine on June 30, 2014 and when the applicant had already received nondescript-to-negative lumbar MRI imaging on March 6, 2014, both of which were notable only for low-grade degenerative changes and disk protrusions of uncertain clinical significance. Therefore, the request is not medically necessary.

One discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Discography.

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, diskography, the diagnostic testing sought here, is deemed "not recommended." Here, the attending provider has not furnished any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue, nor did the attending provider clearly outline a compelling rationale or compelling basis for pursuit of diskography so soon removed from the dates of earlier negative-to-nondescript MRI and CT imaging in March and June 2014. Therefore, the request is not medically necessary.