

<b>Case Number:</b>	CM15-0141414		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/07/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 7, 2012. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve a request for CT discography of the lumbar spine and an associated pain management consultation. The claims administrator referenced a June 24, 2015 RFA form and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. In an office visit dated July 1, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, right greater than left. The applicant had had epidural steroid injections, it was reported that the applicant was using a cane to move about. The applicant was on Neurontin, Zanaflex, Elavil, Norco, and Motrin. The applicant's medications were not working well, it was acknowledged. Multilevel lumbar fusion surgery was proposed. On a June 24, 2015 office visit, the applicant's primary treating provider (PTP) noted that the applicant's ongoing complaints of low back pain were 9/10. The applicant was using a cane to move about. A pain management consultation was endorsed. The applicant was described as having electrodiagnostic testing and radiographically-confirmed radiculopathy. A lumbar discogram was sought while the applicant was placed off of work, on total temporary disability. The attending provider stated that the pain management consultation had been proposed for medication management purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient CT scan of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

**Decision rationale:** No, the request for a CT scan of the lumbar spine is not medically necessary, medically appropriate, or indicated here. This request was framed as a request for CT imaging in conjunction with discography. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that discography or CT discography, the latter of which was proposed here, are deemed "not recommended." Here, the requesting provider failed to furnish a clear or compelling rationale for pursuit of CT discography in the face of the unfavorable ACOEM position on the same. The attending provider did not state why CT discography was being pursued if the applicant already had radiographic and/or electrodiagnostically-confirmed radiculopathy as of the June 24, 2015 office visit at issue. The applicant's spine surgeon went on to seek authorization for a multilevel spinal fusion surgery on July 1, 2015, it was further noted. Thus, the request for a CT scan of lumbar spine in conjunction with the discography requested below, in question #2 was not indicated both owing to (a) the unfavorable ACOEM position on article at issue and (b) the fact that the applicant already had an established diagnosis of lumbar radiculopathy for which surgical intervention had already been planned and/or proposed. Therefore, the request is not medically necessary.

**Discogram L1 to S1 levels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Similarly, the request for a discogram is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, discography, the article at issue, is deemed "not recommended." Here, as with the preceding request, the applicant already had a clinically-evident, radiographically-confirmed lumbar radiculopathy. A decision to pursue a spinal fusion surgery was made on July 1, 2015, referenced above. Thus, the request is not indicated both owing to (a) the unfavorable ACOEM position on the article at issue and (b) the fact that the applicant and/or treating provider (s) had already elected to pursue surgical intervention for an established diagnosis of lumbar radiculopathy. Therefore, the request is not medically necessary.

**Pain Management consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** Finally, the request for a pain management consultation is medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the treating physician to reconsider operating diagnosis and to determine whether a specialist evaluation is necessary. Here, the applicant was off of work. The applicant had persistent, severe low back pain complaints which had proven recalcitrant to a variety of analgesic and adjuvant medications. Obtaining the added expertise of a pain management physician was, thus, indicated. Therefore, the request is medically necessary.