

<b>Case Number:</b>	CM15-0166360		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	01/26/2010
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 26, 2010. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for CT diskography of the lumbar spine. The claims administrator referenced a July 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 17, 2015 progress note, the claimant reported ongoing complaints of low back pain radiating into bilateral lower extremities. Epidural steroid injection therapy had proven unsuccessful, it was reported. The claimant was disabled, it was acknowledged in the Social History section of the note. The claimant's medications included Cymbalta, iron, Neurontin, Ativan, Imitrex, tizanidine, tramadol, and Desyrel, it was reported. The claimant's BMI was 24. Multiple medications were renewed. A multilevel lumbar diskogram was sought. A clear rationale for the same was not furnished. On April 10, 2015, it was again acknowledged that the applicant was unemployed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram (lumbosacral) L3-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** No, the request for a diskogram was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, diskography and/or CT diskography, i.e., the articles at issue, are deemed "not recommended." Here, the attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable ACOEM position(s) on the same. It was not, furthermore, clearly stated how (or if) the proposed diskogram would influence or alter the treatment plan on the July 17, 2015 office visit in question. Therefore, the request was not medically necessary.

**CT (computed tomography) Scan, post Discogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for a CT of the lumbar spine post diskogram was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, diskography and/or CT diskography, i.e., the articles at issue, are deemed "not recommended." As with the preceding request, the attending provider failed to furnish a clear or compelling rationale for selection of this particular diagnostic modality in the face of the unfavorable ACOEM position(s) on the same. It was not stated how the proposed CT diskogram would influence or alter the treatment plan, it was further noted on the July 17, 2015 office visit at issue. Therefore, the request was not medically necessary.