

<b>Case Number:</b>	CM15-0033658		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	06/27/2000
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Illinois

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 injured worker is a 58 year old female, who sustained an industrial injury on 6/27/2000. The current diagnoses are post-laminectomy syndrome of the lumbar spine and chronic pain syndrome. According to the progress report dated 1/20/2015, the injured worker complains of chronic low back and leg pain. She reports her pain levels are high and her condition has been bad for the past several days. She noticed her left leg has been dragging and she is having trouble picking up her right leg. The physical examination of the lumbar spine reveals painful and restricted range of motion. There is decrease 3/5 strength with right hip flexion. Treatment to date has included medications, chiropractic, and surgery. MRI of the lumbar spine (10/16/2014) reveals moderate-to-severe disc space narrowing and 2 millimeter posterior annular disc bulge at L5-S1 level. The treating physician is requesting CT scan of the lumbar spine and lumbar discogram L3-4, L4-5, L5-S1, which is now under review. On 1/30/2015, Utilization Review had non-certified a request for CT scan of the lumbar spine and lumbar discogram L3-4, L4-5, L5-S1. The California MTUS ACOEM and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar discogram L3-4, L4-5, L5-Sacroiliac 1, three levels: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back - Lumbar & Thoracic (Acute & Chronic)Discography.

**Decision rationale:** The injured worker sustained a work related injury on 6/27/2000 . The medical records provided indicate the diagnosis of post-laminectomy syndrome of the lumbar spine and chronic pain syndrome. Diagnostics have included discograms, several MRI and CT scans, EMG. The medical records provided for review do not indicate a medical necessity for Discography was used in the past to the past part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. Both the MTUS and the Official Disability Guidelines recommends against it, because, high quality studies on discography have suggested that reproduction of the patient's specific back complaints on injection of one or more discs is of limited diagnostic value .Pain production was found to be common in non-back pain patients, pain reproduction was found to be inaccurate in many patients with chronic back pain.

**Computed tomography (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): 304.

**Decision rationale:** The injured worker sustained a work related injury on 6/27/2000 . The medical records provided indicate the diagnosis of post-laminectomy syndrome of the lumbar spine and chronic pain syndrome. Diagnostics have included discograms, several MRI and CT scans, EMG. The medical records provided for review do not indicate a medical necessity for Computed tomography (CT) scan of lumbar spine. The records indicate the injured work has had a previous CT scan of the lower back, the worker had an MRI in 10/2014. The MTUS recommends against over-reliance on imaging studies in order to avoid diagnostic confusion.