

<b>Case Number:</b>	CM14-0168253		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Medicine and Rehabilitation, 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 52 year old male with date of injury 5/22/03. The treating physician report dated 9/4/14 indicates that the patient presents with lower back pain and is experiencing a sensation in the legs that is described as "going dead". Additionally the patient is having difficulty with urination and neck pain that is rated a 6/10. The physical examination findings reveal that the patient is non ambulatory and using a wheelchair, no ROM testing could be performed, decreased lower extremity sensation left S1 dermatome and left psoas testing is 4-/5. MRI lumbar spine dated 6/3/13 reveals disc protrusion at L4/5 and L5/S1, Prior treatment history includes medication management, chiropractic, acupuncture and spinal traction. The current diagnoses are: 1. Cervical HNP with moderate left neural foraminal narrowing 2. Lumbar HNP L5/S1 3. Cervical and lumbar radiculopathy. The utilization review report dated 9/26/14 denied the request for CT discogram at L4/5 and L5/S1 based on the ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 CT DISCOGRAM AT L4-5 AND L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM updated 2007 Chapter 4, pg. 66 Official Disability Guidelines (ODG) Online Low Back chapter

**Decision rationale:** The patient presents with chronic lower back pain rated a 5-9/10 with associated feeling of numbness affecting the legs. The current request is for CT Discogram at L4-5 and L5-S1. The treating physician report dated 9/4/14 states, "I continue to request authorization for CT discogram L4/5 and L5/S1. Future consideration includes as a last resort L5/S1 fusion vs. ADR. The patient remains clear that he wants surgery for his lumbar spine. CT discogram is required to proceed with surgery." The ACOEM guidelines state that discography for assessing acute, subacute, or chronic low back pain or radicular pain syndromes is not recommended. The ODG guidelines state that discography is not recommended, but that discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not allow fusion)." In this case there is no decision for spinal fusion, the treating physician has only stated that there is a future consideration for an L5/S1 fusion as a last resort. Recommendation is for denial.