

<b>Case Number:</b>	CM15-0102088		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/12/2002
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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 50-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of March 12, 2002. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for a CT diskogram of the lumbar spine. A RFA form received on May 5, 2015 was referenced in the determination. The full text of the UR report was not, however, attached to the application. The applicant's attorney subsequently appealed. On April 23, 2015, the applicant was reported ongoing complaints of severe, persistent low back pain with depression and anxiety. The applicant had also developed issues with throat cancer. CT diskography was sought to evaluate an applicant's need for further spine surgery. The applicant's work status was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar diskogram with CT at unknown levels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discography.

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

**Decision rationale:** No, the request for CT diskography of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, CT diskography, i.e., the modality at issue, is deemed 'not recommended'. Here, the attending provider failed to furnish a compelling rationale for selection for this particular modality in the face of the unfavorable ACOEM position on the same. The attending provider did not state why he had selected this particular modality in favor of other imaging modalities which are more highly rated by ACOEM. Therefore, the request was not medically necessary.