

<b>Case Number:</b>	CM15-0011440		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	11/01/2003
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 70-year-old male who reported an injury on 11/01/2003 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, medications, epidural steroid injections, and a TENS unit. The injured worker underwent an MRI of the lumbar spine in 05/2011 that documented multilevel degenerative disc disease and retrolisthesis at the T12-L1 and L1-2, L2-3, and L4-5 with central canal stenosis from the L4 to the L5 and severe bilateral neural foraminal narrowing at the L5-S1. It was noted that additional imaging occurred of the lumbar spine on 01/24/2013. However, there were no significant changes in the imaging study. The injured worker's diagnoses included lumbar facet arthropathy, lumbar herniated disc disease, and lumbar myofascial strain. The injured worker was evaluated on 11/25/2014. It was documented that the injured worker had low back pain rated at a 9/10 to 10/10 on a VAS. He also complained of neck pain rated at a 9/10 to 10/10 on a VAS. It was noted that the injured worker had obtained psychological clearance for a discogram and was interested in surgical intervention to the low back. Objective findings at that clinical examination included decreased sensation at the left L4, L5 and S1 dermatomal distributions with 4/5 motor strength of the left tibialis anterior, EHL and in inversion and eversion, and 4+/5 strength of the right TA and EHL. A request was made for a CT discogram at the L3-4, L4-5, and L5-S1 using L3-4 level as the control level. A Request for Authorization form was not submitted to support the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Discogram L3-4, L-L5 and L5-LS1 using L3-L4 level as the control level 62290 times 4:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The requested CT discogram L3-4, L4-5 and L5-S1 using L3-4 level as the control level 62290 times 4 is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommend discography for injured workers who have had at least 3 months of persistent back pain that has failed to respond to conservative treatment and has had satisfactory results from a detailed psychological assessment and is a candidate for surgery. The clinical documentation submitted for review does indicate that the injured worker has significant radicular findings consistent with multilevel pathology that has failed conservative treatment. It is noted that the injured worker has undergone a psychological assessment that has identified the injured worker as a candidate for surgery. Therefore, the use of a CT discogram would be supported in this clinical situation. As such, the requested CT discogram L3-4, L4-5 and L5-S1 using L3-4 level as the control level 62290 times 4 is medically necessary and appropriate.