

<b>Case Number:</b>	CM15-0015145		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, Ohio, 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 44-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 20, 2013. In a Utilization Review Report dated January 12, 2015, the claims administrator denied a request for lumbar diskography and associated CT scanning. The applicant's attorney subsequently appealed. In a January 16, 2015 progress note, the applicant was placed off of work, on total temporary disability. The applicant reported ongoing complaints of low back pain radiating to the right leg. The attending provider reiterated the requests for CT diskography of the lumbar spine while apparently renewing Norco, which the applicant was using at a rate of four times daily. The applicant exhibited limited lumbar range of motion about the spine. The applicant was using a cane to move about, it was incidentally noted. In an earlier note dated November 6, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant apparently failed both epidural steroid injection therapy and facet blocks. The applicant was not working, it was acknowledged. The applicant was on Lyrica, Medrol, Percocet, morphine, Paxil, Naprosyn, and Vicodin, it was acknowledged. The applicant was receiving all these from multiple different providers. CT diskography was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar discography with fluoroscopy and IV sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back- Lumbar & Thoracic

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

**Decision rationale:** 1. No, the request for a lumbar diskography is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, diskography or CT diskography, the articles at issue, are deemed "not recommended." Here, the attending provider did not furnish any compelling applicant-specific rationale for selection of this particular imaging modality in the face of the unfavorable ACOEM position on the same. It was not stated why imaging modalities more favorably graded by ACOEM could not be employed here. Therefore, the request was not medically necessary.

**CT scan of lumbar spine after procedure completed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic

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

**Decision rationale:** 2. Similarly, the request for a CT scan of the lumbar spine following completion of the diskography procedure 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 or CT diskography, the articles at issue, are deemed "not recommended" in the evaluation of low back pain complaints, as was/is present here on or around the date in question. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would support this particular imaging study in the face of the unfavorable ACOEM position on the same. No clear or compelling rationale for his particular imaging modality was furnished in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.