

<b>Case Number:</b>	CM15-0064943		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/22/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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  
Certification(s)/Specialty: Emergency 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 51 year old male who sustained an industrial injury on September 22, 2012. He has reported injury to the lumbar spine and has been diagnosed with thoracic or lumbosacral neuritis or radiculitis, unspecified and herniated lumbar disc. Treatment has included medical imaging, injections, and medication. Currently the injured worker complained of pain in the back that radiates to both legs right more than the left. The Treatment request included a lumbar discogram and lumbar CT without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Discogram at L3-4 and L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The requested Lumbar Discogram at L3-4 and L4-5, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Discography, Pages 303-304, note that discography is only recommended if the injured worker is a current candidate for fusion, and has a psychological evaluation. The injured worker has pain in the back that radiates to both legs right more than the left. The treating physician has documented negative straight leg raising tests and normal sensation, reflexes and muscle strength to the lower extremities with a previous lumbar MRI dated 7/3/13. The treating physician has not documented exam or diagnostic evidence that the injured worker is currently a surgical candidate for fusion, nor had a current psychological evaluation. The criteria noted above not having been met, Lumbar Discogram at L3-4 and L4-5 is not medically necessary.

**Lumbar CT without Contrast (To Follow The Discogram):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The requested Lumbar CT without Contrast (To Follow the Discogram), is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has pain in the back that radiates to both legs right more than the left. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength nor an acute clinical change since a previous lumbar MRI dated 7/3/13. The treating physician has not documented exam or diagnostic evidence that the injured worker is currently a surgical candidate for fusion, nor had a current psychological evaluation. The criteria noted above not having been met, Lumbar CT without Contrast (To Follow the Discogram) is not medically necessary.