

Case Number:	CM13-0004525		
Date Assigned:	08/07/2013	Date of Injury:	01/17/2012
Decision Date:	01/13/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

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 underlying date of injury in this case is 01/17/2012. The patient is a 31-year-old man. His treating diagnoses include low back pain and a disc bulge at L5-S1 with internal disc derangement. An initial physician review notes that a lumbar fusion is being considered, and therefore lumbar flexion/extension x-rays were appropriate. This reviewer, however, noted that the treatment guidelines do not recommend a discogram, and therefore it recommended non-certification of a request for a discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: ACOEM Guidelines, Chapter 12 Low Back, page 304, discusses "ability of various techniques to identify and define low back pathology." Discography is not among the recommended forms of treatment. More detailed guidance can be found in the Official Disability Guidelines/Treatment of Workers' Compensation/Low Back/Discography, which states, "not recommended...recent high-quality studies of discography has significantly questioned the use of discography results as Final Determination Letter for IMR Case Number CM13-0004525 3 a preoperative indication." The guidelines, therefore, do not support this requested treatment. The

medical records do not provide an alternative rationale for this treatment in contrast to the guidelines. This treatment is not medically necessary.