

Case Number:	CM13-0006543		
Date Assigned:	04/23/2014	Date of Injury:	10/04/2007
Decision Date:	06/10/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 62 year old male with date of injury 10/04/2007. The medical record associated with the request for authorization, a primary treating physician's supplemental report, dated 05/23/2013, lists subjective complaints as bilateral low back pain with debilitating lower extremity radicular symptoms. He also reports numbness and tingling in the same distribution pattern. Objective findings: Examination of the lumbar spine revealed tenderness to palpation about the paraspinal muscles with a mild degree of right-sided muscle spasm identified. Motor testing demonstrated a 4+/5 weakness in the left knee flexors and extensors as well as the dorsiflexion of the left foot. An MRI of the lumbar spine, performed on 07/09/2012 showed a 2-3 mm disc bulge with moderate facet hypertrophy at the L3-4 level. A 4-mm disc bulge and central stenosis at the L4-5 level was also noted. Diagnosis: 1. Cervicothoracic sprain 2. Right shoulder sprain 3. Left shoulder sprain 4. Lumbar sprain 5. Status post left knee meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM OF L3-4, L4-5 AND L5-S1: Upheld

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): 304.

Decision rationale: The MTUS states that recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value him him him (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. The Discogram of L3-4, L4-5 and L5-S1 is not medically necessary.