

Case Number:	CM13-0012342		
Date Assigned:	11/06/2013	Date of Injury:	04/30/2012
Decision Date:	01/23/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/12/2013

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 Orthopedic Surgery 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. 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:

The claimant is a 56-year-old gentleman who was injury in a work related accident on April 30, 2012. The records indicate injury to the lumbar spine. The records for review include a June 27, 2012 MRI report that demonstrates relatively small degree of central stenosis at L3-4 and a small central disc protrusion at L5-S1 without significant stenotic findings. The most recent clinical report is a handwritten report from [REDACTED] of August 2, 2013 indicating ongoing complaints of right sided low back pain with radiating lower extremity pain. It indicated that he had recommended a lumbar discography which apparently has not yet been authorized. In absence of physical examination findings that demonstrated no change, lumbar discogram was recommended for further diagnostic interpretation. Prior assessment of June 26, 2013 by [REDACTED] showed an orthopedic examination with 5/5 motor strength of bilateral lower extremities, equal and symmetrical reflexes and a normal sensory examination with negative straight leg raising. He had diagnosed the claimant with retrolisthesis of L4-5 and also had considered lumbar discography prior to proceeding with a potential L4 through S1 anterior/posterior lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: Based on California ACOEM Guidelines, lumbar discogram would not be indicated. California ACOEM Guidelines specifically state that there is a lack of strong support of medical evidence indicating use of discography. It is not recommended for assessing claimants with acute low back complaints or as a reliable preoperative indicator. The records in this case would not indicate this claimant being an exception to the above rule. The specific clinical request at this stage in the clinical course of care would not be indicated.