

Case Number:	CM13-0015519		
Date Assigned:	12/27/2013	Date of Injury:	10/10/2011
Decision Date:	08/01/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/23/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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:

The injured worker is a 46-year-old female who was injured on October 10, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 28 2013, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity. Current medications were Flexeril, naprosyn, and tramadol. The physical examination demonstrated decreased lumbar spine range of motion as well as pain with flexion and extension. There was a positive straight leg raise with reproduction of symptoms at the L5 and S1 dermatomes. There was also a diminished sensation of light touch at the same region. Nerve conduction studies indicated chronic S1 radiculopathy on the right side. Diagnostic imaging studies objectified moderate to severe canal stenosis at L3-L4 and evidence of a prior right L5 laminectomy with fibrosis in the right lateral recess near the right L5 nerve root. L5-S1 transforaminal epidural steroid injections were planned as well as physical rehabilitation. Previous treatment included lumbar spine surgery in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4, L4-5, L5-S1 discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287.

Decision rationale: According to the ACOEM, the criteria for discography includes failure of conservative treatment, satisfactory results from detailed psychosocial assessment, and a candidate for surgery. According to the progress note dated May 28, 2013 the treatment plan consisted of epidural steroid injections followed by a potential discogram. There was no mention that these previous epidural steroid injections were performed. Additionally, there was no mention that a detailed psychosocial assessment took place or that the injured employee was a candidate for surgery. For these multiple reasons, this request for a discogram is not medically necessary at this time.