

Case Number:	CM13-0015628		
Date Assigned:	10/09/2013	Date of Injury:	05/29/2012
Decision Date:	01/24/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/23/2013

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 Occupational 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 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. hierarchy that applies to Independent Medical Review determinations. 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 patient is a 50 year old male with a DOI of 5/29/12 who was lifting a spring out of a crate. The patient had a lumbar fusion in 2000. The patient has low back pain and right hip pain and decreased lumbar ROM. The patient had a CT myelogram 7/17/12 that showed L4-5 through S1 fusion, facet screws, mild L3-4 concentric disc bulging. On May 22, 2013 the note states the patient is pending an ortho consult, hand has pain in right low back and buttocks extending into the hip. The pain is aggravated by weight bearing through the right leg. Right hip MRI was negative. The July 1, 2013 report request a lumbar spine discogram, but no indication for surgery or follow up procedure is listed. The requesting note states "given the amount of problems and negative other diagnostic studies."

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection procedure for discography, each level, lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS in ACOEM chapter 12 page 304 states, "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, and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. The patient has had several negative studies. As the guidelines state the study has not been shown to be useful in isolating the symptom causing injury. Therefore the study is not medically necessary.