

Case Number:	CM13-0023933		
Date Assigned:	03/03/2014	Date of Injury:	06/06/2003
Decision Date:	05/21/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/13/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 patient is a 58-year-old, female injured in a work related accident 06/06/03 with documented low back related complaints. A current 08/05/13 progress report indicated ongoing subjective complaints of low back pain radiating to the bilateral lower extremities with physical examination demonstrating negative straight leg raise, normal strength in deep tendon reflexes and no documented sensory findings. Indicated at that time that the patient was being treated with medication management as well as previous failed modalities including epidural steroid injections, facet joint injections, and Lumbar Rhizotomy, physical therapy, and activity restrictions. At present there is a request for a lumbar disco gram to be performed at the L2-3 through L5-S1 level for further diagnostic interpretation of the patient's ongoing low back related complaints. Previous documentation of imaging is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM AT LEVEL L2-3, L3-4, L4-5, AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: Based on California MTUS Guidelines, acute need of lumbar disco gram would not be indicated. Disco gram is not recommended currently for assessing patients or as a reliable preoperative indicator of surgical success. While this individual is with chronic complaints of pain, clinical presentation would not support the acute need of lumbar discography. The specific request in this case would not be indicated. Therefore the request is not medically necessary.