

Case Number:	CM13-0026354		
Date Assigned:	11/22/2013	Date of Injury:	04/19/2010
Decision Date:	01/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 patient is a 56-year-old injured with a work related injury of April 19, 2010, sustaining and injury to the low back. Recent clinical assessment of August 9, 2013 by [REDACTED] indicated ongoing complaints of low back pain. Physical examination on that day was documented to show negative straight leg raising, neurologic examination to be "intact" with limited range of motion of the lumbar spine. The claimant was diagnosed with lumbar spondylosis. Medical records indicates that the claimant was in need of a discogram at the L4-5 level, a previous discogram at L3-4 was performed and notes states that the patient has failed conservative care and contemplation of surgery is being given. A prior lumbar discography is not noted. Recent imaging and MRI from April 18, 2013, shows no significant interval change from previous scan of 2010, which showed degenerative disc disease at L4-5 and L5-S1 with facet arthropathy and foraminal narrowing. There is a request for lumbar discography at the L4-5 level in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at the L4 and L5, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: Based on the California MTUS/ACOEM Guidelines, lumbar discography would not be indicated. There is a lack of strong medical support against use of discography, particularly in the role of preoperative surgical indicator. More specifically in this case, it should be indicated that the claimant's recent physical examination fails to demonstrate a radicular process for which operative intervention would be warranted for the lumbar spine. Although it is stated that the level of L4-5 is indicated to rule in or out a symptomatic disc, the use of this diagnostic tool is not supported by clinical guidelines as a long term indicator of predicted surgical outcome. The request for Discogram at the L4 and L5, quantity 1 is not medically necessary and appropriate.