

Case Number:	CM13-0027496		
Date Assigned:	11/22/2013	Date of Injury:	07/01/2010
Decision Date:	01/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/21/2013

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:

This is a 25-year-old gentleman who was injured in a work related accident 07/01/10 sustaining injury to the low back. Recent clinical record for review include a November 7, 2013 progress report with [REDACTED] where the claimant was noted to be with a diagnosis of lumbar strain with herniated discs at L3-4, L4-5 and L5-S1 from Magnetic Resonance Imaging scan with positive L5 radiculopathy on diagnostic studies. He states that he subjectively continued to be with low back complaints with objective findings showing hypesthesias at the L5 and S1 dermatomal level bilaterally with weakness to the great toe dorsiflexors and great toe plantar flexors bilaterally. Authorization for lumbar discography at the L2-3 through L5-S1 level was recommended for further diagnostic assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Lumbar spine discogram L2-L3, L3-L4, L4-L5 and L5-S1: Upheld

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

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

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM) Guidelines would not support the role of the above procedure. Discography is not recommended as an assessment in claimants with acute low back symptoms. Strong evidence supports that it is not a reliable preoperative indicator. In this case the claimant's clinical diagnosis appears to be well confirmed based on physical examination, Magnetic resonance imaging scans and electrodiagnostic studies that are well documented. The acute need for a lumbar discogram at this stage in the claimant's clinical course of care would not be supported.

Pre-op evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations(ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, preoperative assessment prior to discography also would not be indicated. The need for the intervention in the form of lumbar discogram is not supported. This would negate the need for a "pre-operative evaluation" in this case.