

Case Number:	CM13-0028294		
Date Assigned:	11/27/2013	Date of Injury:	03/21/2012
Decision Date:	01/17/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 43-year-old injured in a work related accident on 03/21/12 sustaining injury to the low back. Records for review include a recent assessment of 08/28/13 with treating provider, [REDACTED], indicating complaints of low back pain, bilateral leg pain right greater than left, with physical examination showing restricted lumbar range of motion, 5/5 motor tone, and a positive right sided straight leg raise. Reviewed at the time was a 07/31/13 MRI report showing reduction of intervertebral disc height at L4-5 and disc desiccation with a left 4 mm disc protrusion impinging on the left L5 nerve root. The claimant's diagnosis was that of a L4-5 herniated nucleus, spinal stenosis, and bilateral radiculitis. Plan at that time was for lumbar discography with post discography CT scan for further diagnostic interpretation of the claimant's lumbar findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram L4-5 with control level at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Contents, Treatment Guidelines, 18th edition (2013 web) Low Back Section

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

Decision rationale: Based on California ACOEM Guidelines, lumbar discography at the requested levels would not be supported. California ACOEM Guidelines indicate that discography is with a lack of strong medical evidence to support its need. It is not recommended for assessing claimants with low back symptoms or indicated as a preoperative indicator. The claimant's diagnosis appears to be established based on physical examination and prior MRI available for review. The role of this test, which is nondiagnostic in nature in regard to surgical outcome and success rates, would not be indicated.

Post discogram lumbar CT scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Contents, Treatment Guidelines, 18th edition (2013 web) Low Back Section

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

Decision rationale: Based on California ACOEM Guidelines, post lumbar discography CT scan would not be indicated. The role of lumbar discography is in question and not supported in this case. This would negate the need for postoperative CT assessment. As stated above, the claimant's diagnosis appears to have been established by MRI scan performed in July 2013. The role of further testing and imaging in this case would not be supported based on clinical guidelines.