

Case Number:	CM13-0030393		
Date Assigned:	11/27/2013	Date of Injury:	12/07/2007
Decision Date:	01/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

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 claimant sustained an injury to her lumbar spine in a work related accident on December 7, 2007. Recent clinical records available for review include an August 9, 2013 assessment from [REDACTED], indicating continued complaints of low back pain and left leg pain. It indicates a physical examination that shows tenderness over the sciatic notch and moderate spasm over the paravertebral muscles. Further physical examination findings on that date are not noted. There is a further October 8, 2013 assessment from [REDACTED] that is handwritten demonstrating tenderness to palpation of the lumbar spine with restricted range of motion, positive straight leg raise and a diagnosis of L5 radiculopathy. [REDACTED] recommended lumbar discogram as well as discectomy based on discogram findings for the claimant's ongoing residual low back and lower extremity complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a lumbar discogram and discectomy: 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): 304-305.

Decision rationale: California ACOEM Guidelines, the specific request for lumbar discogram and discectomy would not be indicated. First and foremost in this case, as California Guidelines do not recommend the role of discography as a surgical indicator as there is a lack of supportive medical evidence in regards to its efficacy. The specific role of discography in this case with no other supporting documentation of radicular findings on examination or clinical imaging demonstrating a neural compressive process would not be necessary at this time. Furthermore, in regards to California ACOEM Guidelines, there is no clear documentation of imaging findings or neural compressive findings on examination consistent with radicular process for which surgical discectomy would be indicated. The requests in this case cannot be recommended as medically necessary.