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| Case Number: | CM13-0033858 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 07/23/2010 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 10/10/2013 |

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 Neurological 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 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 records presented for review indicate that this 30-year-old gentleman was reportedly injured on July 23, 2010. The mechanism of injury is heavy lifting. The most recent progress note dated February 13, 2014, indicates that there are ongoing complaints of low back pain radiating to both lower extremities. The physical examination demonstrated decreased range of motion of the lumbar spine and decreased sensation at the anterior lateral aspect foot and ankle. Diagnostic imaging studies of the lumbar spine disc desiccation and congenital stenosis at L2/L3, a broad-based protrusion at L3/L4 and L4/L5. Previous treatment includes epidural steroid injections, physical therapy, and chiropractic care. A request was made for a discogram at L3/L4, L4/L5 and L5/S1 with L1/L2 as a control and was not certified in the pre-authorization process on September 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at the Level of L4-L4, L4-L5, L5-S1 with L1-L2 as Control: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 16 Eye Chapter Page(s): 287.

Decision rationale: According to the American College of Occupational and Environmental Medicine discography is not recommended as a preoperative indication for surgery. Discography has been shown to be of limited value in assessing concordant symptoms of disc pain with the disk injected. Considering this, the request for a discogram at the L3/L4, L4/L5, and L5/S1 level with L1/L2 as a control is not medically necessary.

Internal Medicine Evaluation for Surgical Clearance: 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 Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Testing, General, Updated August 22, 2014.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.