

Case Number:	CM13-0034098		
Date Assigned:	12/06/2013	Date of Injury:	10/30/2009
Decision Date:	04/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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:

This is a 53-year-old female who injured her low back on 10/30/09. The clinical records provided for review noted ongoing complaints of low back pain continued to persist despite conservative care. A report of an MRI dated 5/29/13 showed multilevel disc protrusion with Grade I anterolisthesis of L4 on L5 and multilevel facet joint arthrosis. There was noted to be marked bilateral foraminal stenosis more prominent on the right from the L3 through S1 levels as well. A clinical progress report dated 9/6/13 indicated ongoing complaints of low back pain with posterior left leg pain radiating to the foot. There were complaints of left leg weakness and giving way. The report documented that the claimant had failed conservative care including recent use of medication management. Based on the claimant's ongoing clinical complaints, the request is for psychological evaluation and lumbar discogram to be completed before contemplation of lumbar surgical process. Further clinical records with regard to this claimant's case and care are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESTING: LUMBAR SPINE DISCOGRAM AT L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303, 305.

Decision rationale: The request for lumbar discography, particularly at the L3-4 level for which it is being requested, would not be indicated. California ACOEM Guidelines state that lumbar discography is not necessary or a reliable preoperative indicator. The documentation provided for review regarding the claimant's current clinical picture does not support the need for surgical intervention. The role of this test specific for the purpose of surgical planning would not be indicated.