

Case Number:	CM13-0038090		
Date Assigned:	03/21/2014	Date of Injury:	09/11/2012
Decision Date:	06/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 47-year-old male who reported an injury on 9/11/12, secondary to a fall. Current diagnoses include L4-5 disc herniation and disc degeneration, lumbar spondylosis, history of right twelfth rib fracture, history of cervical sprain, and history of head injury. The injured worker was evaluated on 8/29/13. The injured worker reported persistent lower back pain. Previous conservative treatment includes 24 sessions of physical therapy, 6 sessions of acupuncture, and multiple trigger point injections. Physical examination was not provided on that date. Treatment recommendations included a diagnostic discogram at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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

Decision rationale: The California MTUS/ACOEM Guidelines state that recent studies on discography do not support its use as a preoperative indication for intradiscal electrothermal annuloplasty or fusion. It should be reserved only for patients with back pain lasting three

months in duration, who have been failed by conservative treatment, who have achieved satisfactory results from a detailed psychosocial assessment, and who are surgical candidates and have been briefed on potential risks and benefits from discography and surgery. As per the documentation submitted, the injured worker does report persistent lower back pain greater than three months in duration with a failure of conservative treatment. However, there is no evidence of a satisfactory detailed psychosocial assessment. As such, the request is not medically necessary.