

Case Number:	CM13-0039424		
Date Assigned:	12/18/2013	Date of Injury:	05/24/2004
Decision Date:	02/07/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/28/2013

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 Orthopaedic and is licensed to practice in New York. 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 42-year-old male with pain of injury of May 24, 2004. The patient has chronic low back pain. The patient reports pain radiating to his bilateral lower extremities. He had lumbar fusion from L4-S1 in December 2006. On physical examination the patient has tenderness to palpation of the low back. Straight leg raising was positive on the right at 30°. General muscle weakness is reported in the right leg. There is also weakness of right dorsiflexion and plantarflexion. All ranges of motion of the lumbar spine with decreased. Sensation and motor strength noted to be decreased along the L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 1 lumbar discogram of L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient does not meet established criteria for discography at this time. Discography is a past that is used when surgery for fusion is being considered. In this case, there

is no indication for spinal fusion present in the medical records. The patient does not have documented instability, fracture, or concern for tumor. Guidelines for lumbar fusion are not met. Guidelines for lumbar fusion are not met, discography is not medically necessary. In addition, the effectiveness of discography remains controversial. The accuracy of discography remains uncertain. Current guidelines are not met.

Prospective 1 pre-op psychological clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute & Chronic).

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 (Acute & Chronic).

Decision rationale: Guidelines for preoperative psychiatric clearance are not met because the patient is not an appropriate candidate for additional spinal surgery. The patient does not have any criteria for spinal surgery present in the medical record. Spinal surgery is not appropriate for this patient at this time, therefore, preoperative psychiatric clearance is not needed