

Case Number:	CM13-0039716		
Date Assigned:	03/21/2014	Date of Injury:	09/11/2012
Decision Date:	04/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 New Hampshire, New York and Washington. 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 patient is a 46-year-old male who has a date of injury of September 11, 2012. He fell from a height and made on his back. He has chronic back pain. He was diagnosed with a 12th rib fracture, neck and lumbar sprains. He continues to have chronic back pain. Physical examination he has tenderness to palpation of his low back spasms in his back muscles. He has restricted range of motion of his back secondary to pain. Straight leg raising test is positive on the left. Motor exam shows normal motor function of the bilateral lower extremities. Sensation is diminished to pinprick in the bilateral lower extremities. The patient has an antalgic gait. X-rays lumbar spine show mild arthritis without instability at L4-5. There is no malalignment or instability on flexion-extension films. At issue is whether lumbar discography is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM AT THE L4-5 AND L5-S1, USING L5-S1 AS THE CONTROL LEVEL:

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): 308-310.

Decision rationale: This patient does not meet established criteria for lumbar discography. Specifically, the patient did not have any documented instability of the lumbar spine. The patient does not have any documented significant neurologic deficit or neural compression in the lumbar spine. Discography is attest that is used prior lumbar fusion surgery. Since this patient is not a candidate for lumbar fusion surgery based on the available information medical records, lumbar discography is not medically necessary. The patient does not have any documented lumbar instability, significant neurologic compression, or significant neurologic deficit on physical examination. Lumbar fusion surgery is not medically necessary for this patient. Therefore lumbar discography is not medically necessary and criteria for lumbar discography are not met.