

Case Number:	CM13-0042405		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2011
Decision Date:	05/15/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 4, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation; transfer of care to and from various providers in various specialties, two prior SI joint injections, unspecified amounts of physical therapy, work restrictions and a 40-pound lifting limitation. In a utilization review report of July 3, 2013, the claims administrator denied a request for lumbar discography. The applicant's attorney subsequently appealed. In a January 9, 2013 progress note, the applicant's attending provider states that he is seeking authorization for an SI joint fusion. A December 3, 2013 progress note is notable for comments that the applicant reports persistent low back pain. It is stated that discography is being sought prior to consideration of a lumbar fusion. It is stated that, if the discography is negative, an SI joint injection could be sought. Limited lumbar range of motion is noted secondary to the applicant's ongoing low back pain. 5/5 lower extremity strength is appreciated in all lower extremity muscle groups. The discography is again sought. A 50-pound lifting limitation is endorsed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, both CT discography and discography are considered "not recommended." Discography is not, per ACOEM, thought to be an accurate predictor of an applicant's need for subsequent spine surgery. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary along with the request for authorization so as to try and offset the unfavorable ACOEM recommendation. It is further noted that no clear etiology for the applicant's pain complaint has been identified. At various points in time, the applicant has been given various diagnoses; including discogenic back pain, radiculitis, and SI joint pain. Discography is not indicated, both owing to the unfavorable ACOEM recommendation as well as owing to the lack of diagnostic clarity here. Therefore, the request is not certified, on independent medical review.