

Case Number:	CM13-0046178		
Date Assigned:	12/27/2013	Date of Injury:	01/01/2005
Decision Date:	05/20/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 55-year-old gentleman who sustained an injury to his low back in a work related accident that occurred on 01/01/05. Documentation of recent clinical assessments was reviewed inclusive of a 10/02/13 progress report indicating the claimant was with continued complaints of pain about the low back. Described was a recent MRI from May of 2013 showing evidence of a prior laminectomy defect at L2/3, L3/4. There was notation of multilevel degenerative facet changes with moderate foraminal compromise from L3/4 through L5/S1. There was slight retrolisthesis of L5 over S1. Previous electrodiagnostic studies from 03/25/13 showed a mild chronic right L5 radiculopathy with no other significant findings. Physical examination demonstrated restricted range of motion at endpoints and normal gait pattern, 5 out of 5 motor strength, diminished sensation in L3 and L4 distribution on the right, and equal and symmetrical reflexes. Plain film radiographs demonstrated prior laminectomies. At that date, a lumbar discogram from the L2 through L5/S1 level was recommended as a diagnostic tool.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LUMBAR DISCOGRAM AT L2-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: California ACOEM guidelines would not support a medical necessity for the requested lumbar discography. Lumbar discography has not been proven to be a beneficial or supportive preoperative indicator. The efficacy with discography in terms of surgical success rate has not been proven. Based on all of these things the requested lumbar discography is not medically necessary given that a diagnosis has already been established via electrodiagnostic testing and MRI.