

Case Number:	CM13-0051289		
Date Assigned:	12/27/2013	Date of Injury:	09/07/2012
Decision Date:	05/19/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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:

The patient is a 47-year-old female who was injured in a work related accident on September 7, 2012 sustaining an injury to the low back. Recent clinical assessment for review a prior electrodiagnostic study from February 21, 2013 that showed left sided L4 radiculopathy and a prior MRI report from September 18, 2012 that showed multilevel disc protrusion from L2 through S1 with foraminal stenosis. Recent clinical assessment of October 8, 2013 indicated ongoing low back pain with numbness and weakness to the bilateral lower extremities. Physical examination findings showed restricted range of motion at end points, normal gait pattern, and 5/5 motor strength of the bilateral lower extremities and diminished sensation in the bilateral S1 dermatomal distribution. The patient was diagnosed with radiculopathy and chronic musculoligamentous sprain. Recommendation at that time was for lumbar discography for preoperative assessment given the individual's clinical course of care.

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): 303-305.

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

Decision rationale: California ACOEM Guidelines would not support the acute need of lumbar discography. Discography is not indicated as a reliable preoperative indicator. In this instance, while the patient continues to be with radicular findings on examination and positive documentation on electrodiagnostic studies, the specific need for lumbar discography would not be indicated given Guideline criteria. Therefore, the request is not medically necessary.