

Case Number:	CM13-0053301		
Date Assigned:	06/20/2014	Date of Injury:	12/28/2009
Decision Date:	11/06/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant has a date of injury of 12/28/2009. Diagnoses include multilevel disc disease, facet arthropathy, sciatica, sacroiliitis and lumbosacral strain. Treatment has included medication, physical therapy, psychological evaluation which included recommendation to enter a functional restoration program. Her medical record indicates that she has no significant surgical pathology suggested by her MIR or physical exam for which surgical intervention would be recommended. The request is for 3 level discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Level discogram at L3-4, L4-5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Discography.

Decision rationale: ACOEM chapter on low back indicates that discography is not indicated for pre-operative indication of fusion surgery. ODG section on low back states that discography is

not recommended because of recent high quality studies that indicate that discography is of limited diagnostic value. Discography of L3, L4, and L5 is not medically indicated.