MAXIMUS Federal Services

Case Number:	CM13-0055775		
Date Assigned:	12/30/2013	Date of Injury:	08/29/2011
Decision Date:	05/19/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 45-year-old gentleman who sustained an injury to the low back in a work related accident on 08/29/11. The records for review included an assessment on 11/26/13 that noted subjective complaints of ongoing low back pain and that treatment had included two prior epidural steroid injections, radio frequency rhizotomy bilaterally at L3 through L5 but provided no significant long term pain relief. The claimant continued to be symptomatic with both low back pain and leg pain and was currently utilizing including medication management and activity restrictions. Objectively, on exam there was a normal gait pattern, restricted endpoints of lumbar range of motion, weakness with bilateral great toe extension at 4+/5 and diminished sensation over a S1 distribution right greater than left. Imaging reports provided for review included a lumbar MRI from October 2011 showing L4-5 and L5-S1 disc protrusions with mild bilateral neuroforaminal stenosis. Electrodiagnostic studies of April 2012 demonstrated L5 and S1 nerve root radiculopathy bilaterally. A discogram was recommended to assess for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California ACOEM Guidelines do not recommend discography. Discography, according to ACOEM Guidelines, has not been proven to be a predictable preoperative indicator with no long term studies correlating its efficacy in improving surgical outcome or improving selection process. The request for a discogram would not be indicated for this individual whose diagnosis was established based on electrodiagnostic studies, prior imaging and physical exam findings alone. The request for Lumbar Discogram is not medically necessary.