

Case Number:	CM13-0063542		
Date Assigned:	01/22/2014	Date of Injury:	07/01/2008
Decision Date:	06/02/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 48-year-old female who reported an injury on 07/01/2008. The mechanism of injury was not stated. The current diagnosis is degeneration of the lumbar or lumbosacral intervertebral disc. The latest physician progress report submitted for this review is documented on 11/04/2013. The injured worker was status post right L4-5 microdiscectomy on 09/25/2012. The injured worker reported persistent pain in the lower back with activity limitation. Physical examination revealed 5/5 motor strength in bilateral lower extremities with intact sensation and 2+ deep tendon reflexes. The treatment recommendations at that time included a referral to a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

L 4-5 LUMBAR DISCOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar Thoracic (Acute and Chronic).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or a fusion. Despite the lack of strong medical evidence, discography is fairly common, and should be reserved only for patients who meet criteria such as back pain of at least 3 months in duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, and for patients who are a candidate for surgery and have been briefed on potential risks and benefits from discography and surgery. As per the documentation submitted, the injured worker does present with persistent lower back pain. However, there is no mention of a failure of conservative treatment. There is no indication that this injured worker is scheduled to undergo a lumbar spine surgical procedure. There is also no evidence of a satisfactory psychosocial assessment completed prior to the request for a discogram. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.