

Case Number:	CM13-0069557		
Date Assigned:	01/08/2014	Date of Injury:	04/11/2012
Decision Date:	08/05/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 Physician 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 records presented for review indicate that this 30-year-old gentleman was reportedly injured on April 11, 2012. The mechanism of injury is noted as striking a metal rack while driving a go-cart. The most recent progress note, dated August 28, 2013 for a neurological and pain management consult indicates that there are ongoing complaints of low back pain with numbness in the left leg, as well as neck pain with numbness in the bilateral upper extremities and frequent headaches. The physical examination noted a normal upper and lower extremity neurological examination. Diagnostic nerve conduction studies were stated to be normal. Previous treatment includes physical therapy and epidural steroid injections. A request had been made for presurgical laboratory studies and an L3/L4 and L4/L5 discogram and was not certified in the pre-authorization process on November 22, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-SURGICAL LABORATORY TESTING L3-L4, L4-L5 DISCOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: According to the American College of Occupational and Environmental Medicine a discogram does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Additionally there is no mention in the most recent progress note about the necessity of this procedure or the results of a recent psychosocial assessment. Therefore this request for an L3 - 4 and L4 - 5 discogram is not medically necessary.