

Case Number:	CM13-0071331		
Date Assigned:	01/08/2014	Date of Injury:	02/21/2011
Decision Date:	06/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/27/2013

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, has a subspecialty is Spine Surgery, and is licensed to practice in California and 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 55-year-old who reported an injury on February 21, 2011. The mechanism of injury was not stated. The current diagnosis is herniated nucleus pulposus in the lumbar spine. The injured worker was evaluated on December 19, 2013. Physical examination was not provided. Treatment recommendations at that time included a discogram of the lumbar spine, a psychiatric evaluation, surgical clearance, home health aide, a wheelchair ramp, and a walker. The injured worker previously underwent an MRI of the lumbar spine on June 29, 2013, which indicated median annular prominence/annular tear impressing upon the anterior thecal sac at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM AT LEVEL L3-4, L4-5 AND L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: LOW BACK COMPLAINTS (ACOEM Practice Guidelines, 2nd Edition (2004), ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS, 303-305

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines state recent studies on discography do not support its use as a preoperative indication for intradiscal electrothermal annuloplasty or a fusion. Despite the lack of strong medical evidence supporting discography, it should be reserved only for patients who meet specific criteria. There should be evidence of back pain at least three months in duration, a failure of conservative treatment, and satisfactory results from a detailed psychosocial assessment. According to the documentation submitted, there was no physical examination provided on the requesting date of December 19, 2013. There is no mention of a failure of conservative treatment. There is also no documentation of a psychosocial assessment. Therefore, the current request cannot be determined as medically appropriate. The request for a lumbar discogram at level L3-L4, L4-L5 and L5-S1 is not medically necessary or appropriate.

PRE OP CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS, 303-305

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

INTERNAL MEDICINE PRE OP EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS, 303-305

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PURCHASE OF WALKER: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The Official Disability Guidelines state walking aids are recommended for specific indications. There was no physical examination provided on the requesting date of December 19, 2013. Therefore, there is no indication that this injured worker requires an

assistive device for ambulation. The request for the purchase of a walker is not medically necessary or appropriate.