

Case Number:	CM13-0071954		
Date Assigned:	01/08/2014	Date of Injury:	02/24/2007
Decision Date:	04/15/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 61 year old male who reported an injury on 02/24/2007. The mechanism of injury was not specifically stated. The patient is diagnosed with traumatic internal disc disruption syndrome with discogenic pain. The patient was seen by [REDACTED] on 10/29/2013. Physical examination was not provided. Treatment recommendations included a provocation discography with post discographic CT scan at L3-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: DISCOGRAPHY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Guidelines state recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. ACOEM Guidelines recommend documentation of back pain at least 3 months in duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, indications that the patient is a candidate for surgery, and indications that the patient has been briefed on potential risks and benefits from discography and surgery. As per the documentation

submitted, the patient does not appear to meet criteria for the requested service. There is no evidence of an exhaustion of conservative treatment. There is also no evidence of a satisfactory result from a detailed psychosocial assessment. There is no indication that the patient has been briefed on potential risks and benefits from discography. Based on the clinical information received and the ACOEM Guidelines, the request is not medically necessary and appropriate.