

Case Number:	CM14-0001162		
Date Assigned:	01/22/2014	Date of Injury:	05/26/2011
Decision Date:	06/19/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/03/2014

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 in Sports Medicine 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:

The injured worker is a 51-year-old male who reported an injury on 05/26/2011 after unloading an air conditioner. The injured worker reportedly sustained an injury to his shoulders, arms, legs, neck, and upper, mid, and lower back. The injured worker was evaluated on 10/23/2013. It was documented that the injured worker had moderate cervical spine pain and severe lumbosacral pain radiating into the bilateral lower extremities, rated at 8/10 to 9/10. It was documented that the injured worker was unable to complete a prior discogram and would require sedation for the procedure. The injured worker was evaluated on 12/12/2013. Physical findings included an antalgic gait and evidence of left peroneal nerve neuropathy. It was documented that the injured worker had restricted range of motion of the cervical spine and paraspinal musculature spasming. The injured worker's diagnoses included herniated disc at C5-6, multiple disc protrusions of the lumbosacral spine. The injured worker's treatment plan included a sleep study, and an additional discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TABLE 12-8 SUMMARY OF RECOMMENDATIONS FOR EVALUATING AND MANAGING LOW BACK COMPLAINTS, CHAPTER 12- LOW BACK COMPLAINTS, 308-310

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

Decision rationale: The requested discogram is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the use of discograms unless there is documentation of a psychological assessment and the injured worker is a candidate for surgery. The clinical documentation submitted for review does indicate that the injured worker has already failed to be able to participate in a discogram. There is no psychological assessment indicating that the injured worker is an appropriate candidate for this type of testing. Additionally, the clinical documentation does not provide any evidence that the injured worker is a surgical candidate. Therefore, the need for a discogram is not clearly indicated. As such, the requested discogram is not medically necessary or appropriate.