

Case Number:	CM14-0005746		
Date Assigned:	02/05/2014	Date of Injury:	11/24/2009
Decision Date:	07/17/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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:

This is a 48-year-old male who was injured on November 24, 2009. The clinical progress note, dated February 20, 2014, documents that the claimant presents with complaints of low back pain radiating into both lower extremities. The physical examination documents tenderness palpation from L4-S1, there is diminished sensation in both lower extremities in the L5-S1 dermatome, but strength in the lower extremities remains unchanged the clinician indicates an MRI the lumbar spine was obtained on June 20, 2012 noted multilevel degenerative changes. The claimant is documented as having an extensive medication list including amlodipine, dicyclomine, hydrocodone, docusate sodium, estazolam, fiber powder, fish oil, lidocaine patches, lorazepam, norco, omeprazole, paroxetine, and sucralfate. The utilization review in question was rendered on December 23, 2013. The reviewer noted that the claimant underwent a lumbar discogram on July 12, 2013, which was reported to be positive at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DISCOGRAM AT L3-S1 AS OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Low Back, Table 2 Summary of Recommendations, Low back Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Clinical Measures, Diagnostic Investigations.

Decision rationale: The ACOEM Practice Guidelines specifically recommends against the use of discography as an imaging option for subacute and chronic low back pain. As such, the request is not medically necessary.