

Case Number:	CM14-0103645		
Date Assigned:	08/01/2014	Date of Injury:	09/08/2010
Decision Date:	10/15/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	07/05/2014

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 Physical Medicine and 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 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 records, presented for review, indicate that this 53-year-old male injured worker was reportedly injured on September 8, 2010. The mechanism of injury was crawling under a garage and running into his truck when he was attacked by dogs. The most recent progress note, dated May 7, 2014, indicated that there were ongoing complaints of low back pain radiating to the lower extremities, as well as neck pain radiating to the mid back. The physical examination demonstrated tenderness over the lower lumbar spine and paravertebral muscles from L3 to S1. There were decreased lumbar spine range of motion and minimal weakness with the left EHL, gastroc, and perineals. There were normal sensation in the lower extremities and a left-sided straight leg raise test at 85. Diagnostic imaging studies of the lumbar spine, dated September 24, 2013, noted a disc extrusion at L5-S1 contacting the transitioning left S1 nerve root and exerting a mass effect on the thecal sac. Previous treatment included a radiofrequency nerve ablation. A request had been made for a discogram at L3-L4, L4-L5 and L5-S1 and was not certified in the pre-authorization process on June 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4, L4-L5, and L5-S1 discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): no chapter given. Decision based on Non-MTUS Citation Official disability Guidelines, no chapter given

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar and Thoracic, Discography, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, discography of the lumbar spine is not recommended. It was stated that recent high quality studies on discography has significantly questioned its use as a preoperative indication. As such, this request for a discogram at L3-L4, L4-L5, and L5-S1 is not medically necessary.