

Case Number:	CM14-0012042		
Date Assigned:	02/21/2014	Date of Injury:	05/28/2002
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 patient, a 48-year-old female, injured her low back on May 28, 2002. The reviewed records state that the patient has been treated with conservative care and has a history of a previous decompression procedure at the L4-5 and L5-S1 levels. A recent progress report, dated January 9, 2014, notes that the patient reports complaints of low back pain with radiating right leg pain; a recent right sacroiliac joint injection produced no long-term benefit. Physical examination showed weakness of the left tibialis anterior and peroneal strain to L4-5. The patient was diagnosed with spondylolisthesis at levels L4-5 and L5-S1 with progressive loss of disc height. This request is for a lumbar disco gram from the L2-3 through L5-S1 levels to isolate the discogenic level for potential surgical intervention to include fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 LUMBAR DISCOGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to California MTUS ACOEM Guidelines, the request for a lumbar discogram cannot be recommended as medically necessary. The ACOEM Guidelines state that discography is not regarded as a reliable tool for assessment prior to fusion or related lumbar operative procedures. This request, therefore, would not be supported as medically necessary.