

Case Number:	CM14-0013898		
Date Assigned:	02/21/2014	Date of Injury:	02/21/2010
Decision Date:	08/01/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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:

This is a 35-year-old male with a 2/21/10 date of injury. A 12/23/13 progress report indicates persistent low back pain with radiation to the right greater than left lower extremity with bilateral numbness and tingling. Physical exam demonstrates tenderness at L4-5 and L5-S1 with bilateral sciatic notch tenderness. A 1/3/14 progress report indicates persistent lumbar spine pain. Treatment to date has included medication and activity modification. A 10/16/12 lumbar MRI demonstrates, at L4-5, a 3 mm disc bulge with mild facet arthropathy, and, at L5-S1, mild facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a pain management specialist to perform a lumbar discogram at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET)

annuloplasty or fusion. In addition, the Official Disability Guidelines state that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. However, there is no evidence that the patient would meet surgical fusion criteria. A psychological clearance was not obtained. Testing should be limited to a single level and a control level, and the accepted indication would be to rule out a fusion level. This is not the case in this patient, where a discogram is requested to rule in a fusion level. Therefore, the request is not medically necessary.