MAXIMUS Federal Services

Case Number:	CM14-0014264		
Date Assigned:	02/26/2014	Date of Injury:	12/07/2011
Decision Date:	07/25/2014	UR Denial Date:	01/29/2014
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 Occupational 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:

This is a 49-year-old female patient with a 12/7/11 date of injury. 1/31/14 progress report indicates that the patient presents with persistent low back pain. Physical exam demonstrates antalgic gait, bilateral EHL weakness, diminished sensation in the left L4 and L5 dermatomes, and positive straight leg raise test on the left. 3/19/14 lumbar MRI demonstrates, at L4-5, and L2-3, a central disk protrusion abutting the thecal sac with patent neural foramina. Treatment to date has included medication, physical therapy, lumbar epidural steroid injections.There is documentation of a previous 1/29/14 adverse determination for lack of guidelines support and lack of a special problem that would warrant a discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM L2-L3, L3-L4 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 ODG (Low Back Chapter), Discography.

Decision rationale: The CA 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, ODG states 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 indication that the patient meets surgical fusion criteria. Testing should be limited to a single level and a control level only, and only to rule out a potential fusion level. In addition, a psychological clearance was not obtained. Therefore, the request for a lumbar discogram L2-L3, L3-L4 AND L5-S1 was not medically necessary.