

Case Number:	CM14-0014632		
Date Assigned:	02/28/2014	Date of Injury:	09/09/2011
Decision Date:	07/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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, has a subspecialty in Pain Management 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 30-year-old male with a 09/09/2011 date of injury. A specific mechanism of injury was not prescribed. 1/21/14 determination was non-certified given that recent studies on discography do not support its use as a preoperative indication. Testing should be limited to one level and since there was no clear indication that the patient was a surgical candidate, the patient did not meet fusion criteria, and a psychological clearance was not obtained. 10/22/13 maximum medical improvement report identifies constant, moderate to severe low back pain that intermittently radiates down the bilateral lower extremities. The patient has difficulty with any weightbearing. The patient was status post multiple injections to the lower back with no improvement. Exam revealed tenderness to palpation over the lower lumbar spine midline, bilateral sacroiliac (SI) joint, and bilateral paraspinals musculature with guarding. Positive Kemp and straight leg raise (SLR) at 70 degrees. Toe and heel walk with pain. Deep tendon reflexes 1+ in the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC DISCOGRAM L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: 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. The medical necessity was not substantiated for a discography. Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value.