

Case Number:	CM14-0017119		
Date Assigned:	04/14/2014	Date of Injury:	01/03/2010
Decision Date:	05/30/2014	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	02/11/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker reported an injury on 01/03/2010 after lifting a patient onto a scale which broke and reportedly caused a sudden onset of severe back pain. The injured worker's treatment history included epidural steroid injections, facet blocks, physical therapy, and multiple medications that did not provide significant relief. The injured worker underwent an MRI in 05/2012 that documented mild degenerative changes of the lumbar spine with facet joint degenerative changes at the L4-5 and L5-S1 with disc bulge at the L4-5 compressing on the L4 nerve root. The injured worker was evaluated on 12/02/2013. It was documented that the injured worker had ongoing low back pain recalcitrant to conservative treatment. Physical findings included moderate to severe tenderness on palpation of the mid lumbar spine with restricted range of motion secondary to pain and a negative straight leg raising test bilaterally. The injured worker's diagnoses at that time included lumbar disc displacement, lumbar radiculopathy, and discogenic low back pain. The injured worker's treatment plan included a discogram to assess the injured worker's pain generator in consideration of an interbody fusion. It was documented that the injured worker's symptoms were unlikely to improve without surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT LUMBAR DISCOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends this diagnosed study for appropriately identified injured workers who have failed conservative treatment, have had a psychological assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from discography and surgery. The clinical documentation submitted for review does indicate that the injured worker has failed conservative treatment and is a surgical candidate. It is documented that the injured worker underwent a psychological evaluation and it was determined that she was clinically depressed. However, that evaluation was not provided for review. Therefore, the appropriateness of a discography cannot be determined. The request for pain management lumbar discography is not medically necessary and appropriate.