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| Case Number: | CM14-0123372 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 10/14/2008 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old male was reportedly injured on October 14, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of cervical spine pain radiating to the shoulders as well as low back pain radiating to the lower extremities. The physical examination demonstrated tenderness over the cervical spine and paraspinal muscles with decreased range of motion. The examination of the lumbar spine indicates decreased range of motion as well as tenderness over the spinous processes and paraspinal muscles. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine indicated disk bulge at L3-L4 with a right-sided disc protrusion at facing the anterior thecal sac. There was also a broad-based disc bulge at L4-L5 also a facing the thecal sac and contacting the descending left L5 nerve root. Previous treatment includes a cervical spine epidural steroid injection. A request had been made for a lumbar spine discogram at L3-L4, L4-L5, and L5-S1. And was not certified in the pre-authorization process on July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram L3-4, L4-5 and L5-S1: Upheld

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

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 - Lumbar and Thoracic, Discography, Updated July 22, 2014.

Decision rationale: According to the Official Disability Guidelines the practice of discography is not recommended. In the past discography has been used as a part of a preoperative evaluation for patients for consideration of surgical intervention for the lower back. However the conclusion of recent high quality studies on discography has significantly question the use of discography results as a preoperative indication. Considering this, this request for a discogram at L3-L4, L4-L5, and L5-S1 is not medically necessary.