

Case Number:	CM14-0156617		
Date Assigned:	09/26/2014	Date of Injury:	01/19/2011
Decision Date:	10/27/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 31-year-old male with a 1/19/11 date of injury. At the time (8/7/14) of request for authorization for L3-4, L4-5, L5-S1 discograms, there is documentation of subjective (chronic low back pain) and objective (not specified) findings, current diagnoses (chronic low back pain and lumbar degenerative disc disease), and treatment to date (medications and physical therapy). Medical report identifies a request for lumbar discograms in anticipation of an intra-discal electrothermal annuloplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4, L4-5, L5-S1 discograms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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, Discography

Decision rationale: MTUS does not address the issue. ODG identifies discography is not recommended. In the past, discography has been used as part of the pre-operative evaluation of

patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either intra-discal electrothermal annuloplasty (IDET) or spinal fusion. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain and lumbar degenerative disc disease. In addition, there is documentation of a request for lumbar discograms in anticipation of an intra-discal electrothermal annuloplasty. Therefore, based on guidelines and a review of the evidence, the request for L3-4, L4-5, L5-S1 discograms is not medically necessary.