

Case Number:	CM14-0160648		
Date Assigned:	10/06/2014	Date of Injury:	01/29/2013
Decision Date:	12/15/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/30/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 32-year-old male with a 1/29/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/5/14 noted subjective complaints of low back pain and numbness and tingling in the bilateral lower extremities. Objective findings included thoracolumbar tenderness. It is noted that the patient is not undergoing any form of therapy. Diagnostic Impression: L4-5 disc herniation with lumbar radiculopathy and multilevel lumbar discopathy with facet arthropathy. Treatment to Date: medication management A UR decision dated 9/26/14 denied the request for pain management for discogram from L2-S1. There is no documentation of failed conservative treatments and if this claimant is a surgical candidate. Furthermore, there is lack of supporting evidence for this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management for Discogram from L2-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: CA MTUS states that recent studies on discography do not support its use for preoperative evaluation. 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, guidelines do not recommend discography given the lack of evidence of its utility. Additionally, there is no documentation of failure of conservative measures such as physical therapy. The progress report dated 9/5/14 notes that the patient is not undergoing any type of therapy. The patient's candidacy for fusion surgery is not established. Testing, if indicated, should be limited to a single level and a control level. A psychological clearance was not obtained. Therefore, the request for pain management for discogram from L2-S1 is not medically necessary.