

Case Number:	CM14-0022454		
Date Assigned:	05/09/2014	Date of Injury:	08/26/1998
Decision Date:	08/05/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic 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:

The injured worker is a 62-year-old male who reported an injury on 08/26/1999 after reaching overhead for baskets. The injured worker's treatment history included L3-S1 laminectomy/foraminotomies and microdiscectomy and C4-5 fusion. The injured worker underwent an MRI of the lumbar spine on 11/08/2013. It was documented that the injured worker had a 3 mm disc bulge, causing moderate right and severe left neural foraminal narrowing at the L5-S1, and narrowing of the thecal sac; a disc bulge at the L4-5, causing severe right and mild to moderate left neural foraminal narrowing; and a 1 to 2 mm disc bulge at the L3-4 causing mild spinal canal narrowing. The patient was treated conservatively with physical therapy and epidural steroid injections following the imaging study. The patient was evaluated on 01/27/2014. It was documented that a previously requested discogram was not authorized due to a lack of psychological assessment. A request was made for a discogram of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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

Decision rationale: The clinical documentation submitted for review does indicate that the patient has persistent lumbar spine pain that has been recalcitrant to conservative treatment with multilevel pathology identified on an imaging study; however, the American College of Occupational and Environmental Medicine does not support the use of discograms to evaluate for pain generators. Furthermore, the clinical documentation does indicate that the injured worker was referred for a psychological evaluation. The results of that evaluation were not provided for review. As such, the requested discogram for the lumbar spine is not medically necessary or appropriate.