

Case Number:	CM14-0029431		
Date Assigned:	06/20/2014	Date of Injury:	10/04/2001
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/07/2014

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 and is licensed to practice in Texas. 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 58 year old male who reported an injury to his low back. The initial injury occurred on 10/04/01 when he was attending a lift 200 gallons of pain. The MRI of the lumbar spine dated 06/13/13 revealed previous fusion at L5-S1. No canal or neural foraminal narrowing was identified. A clinical note dated 02/13/14 indicated the injured worker previously undergoing a lumbar fusion. Upon exam the injured worker demonstrated 10 degrees of flexion/extension. Reflexes were decreased in the S1 distribution. The injured worker ambulated with a slightly antalgic gait favoring the right. Clinical note dated 12/05/13 indicated the injured worker continuing with low back pain. The injured worker underwent epidural steroid injection on 11/13/13 without any significant benefit. Upon exam tenderness and spasms were identified at the midline of the lumbar spine. Sensation was decreased at L5-S1 distributions, left greater than right. The injured worker underwent lab studies on 12/05 which revealed inconsistent findings of the use of hydrocodone in that the injured worker had been prescribed this medication without its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Discography of the lumbar spine at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Worker's Compensation, Online Edition, Chapter: Low Back.

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

Decision rationale: The request for discography at lumbar spine L5-S1 is not recommended. The clinical documentation indicates the injured worker complaining of ongoing low back pain despite previous surgical intervention. Current American College of Occupational and Environmental Medicine guidelines state studies have determined that the use of discography is of limited diagnostic value. Therefore, this request is not indicated as medically necessary given the limited diagnostic value of the proposed procedure.