

Case Number:	CM14-0029458		
Date Assigned:	03/19/2014	Date of Injury:	11/22/2002
Decision Date:	04/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/08/2014

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 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 patient reported a date of injury of 11/22/2002, the mechanism of injury was not provided. The patient is a status post L5-S1 ALIF. An official MRI on 09/10/2013 revealed an anterior fusion at L5-S1 with ventral plate screws interbody fusion plug. Conclusion was postsurgical changes at L5-S1 without evidence of complication or significant enhancing fibrosis, stable multilevel degenerative disc disease most pronounced at L1-2 with a central disc extrusion, mild bilateral foraminal stenosis was noted at L3-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM LUMBAR L3-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.htm

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

Decision rationale: The CA MTUS/ACOEM Guidelines state "Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, diskography is fairly common." The request

for discogram lumbar L3-L5 is non-certified. The California MTUS/ACOEM Guidelines do recommend discography when fusion is a consideration or to provide supplemental information prior to the surgery. The documentation submitted for review indicated that the patient is status post ALIF at L5-S1 and there was no evidence provided to suggest that there is surgery considered for the L3-L5 level. Although the documentation indicates that the patient is having ongoing pain, there were no significant functional and neurologic deficits noted in the documentation. As such, the request is non-certified.