

Case Number:	CM14-0030317		
Date Assigned:	06/20/2014	Date of Injury:	01/05/2012
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 55-year-old male who sustained a work related injury on 01/05/2012 while putting on work gear and felt sharp low back pain. The injured worker complained of low back pain referred to the right buttock and thigh. The magnetic resonance imaging (MRI) dated 08/01/13 showed an 8mm sequestered disc fragment on the right at L1-2. On 09/09/13 the injured worker underwent decompression at this level with extraction of the disc fragment. The records reflect that the injured worker participated in postsurgical physical therapy, but continued to complain of low back pain without significant radicular findings. Repeat MRI dated 10/25/13 revealed postsurgical changes at L1-2 with removal of sequestered disc fragment within the right neural foramen; there is enhancement of the exiting right L1 nerve root suggesting inflammation. At L4-5 there is a small disc protrusion without narrowing of the central canal, and mild facet joint arthropathy. At L5-S1 there is no central canal narrowing; mild bilateral facet joint arthropathy; mild degenerative narrowing of both neural foramina. The injured worker was prescribed Ibuprofen and Tramadol, and a transcutaneous electrical nerve stimulation (TENS) unit also was provided. Per office note dated 02/04/14 the injured worker was seen with ongoing subjective back pain. He has occasional right thigh numbness but most of his pain is confined to the back. The injured worker was recommended to undergo discography to try to ascertain the etiology of his back pain; however, it was noted that the requesting provider would be very cautious about suggesting anything surgical as he feels that the injured worker does have some psychosocial issues contributing to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram @ L5-S1, L4-L5 and L2-L3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The Official Disability Guidelines do not recommend discography as concordance of symptoms is of limited diagnostic value. If discography is to be done, there should be satisfactory results from detailed psychosocial assessment as discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided. The injured worker in this case has an unremarkable MRI of the lumbar spine and no significant radicular findings on examination. The injured worker is not a surgical candidate, and is noted to have psychosocial issues contributing to pain. Based on the clinical information provided, the request is not recommended as medically necessary.