

Case Number:	CM14-0030386		
Date Assigned:	06/20/2014	Date of Injury:	02/01/1998
Decision Date:	08/04/2014	UR Denial Date:	02/19/2014
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 Orthopedic Surgery 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 female who reported an injury on 02/01/1998 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker underwent an MRI of the lumbar spine on 01/06/2014 that concluded there was evidence of multilevel disc disease and annular tearing from L1 to S1 with a disc bulge at L1-L2 and a newly viewed lateral annular tear at L3-L4. The injured worker was evaluated on 01/15/2014. No physical exam findings were provided from that examination. A request was made for a provocative lumbar discography at the L3-L4, L4-L5, and L5-S1 to assess for surgical planning of the lumbar spine. The injured worker was again evaluated on 03/27/2014. It was documented that the injured worker had reduced range of motion with significant tenderness and spasming to palpation. However, it was also noted that the patient did not have any significant motor deficits, sensory deficits, or deep tendon reflex loss in the bilateral lower extremities. The injured worker's diagnoses included lumbar degenerative disc disease and degenerative joint disease of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discography lumbar spine at L3-L4, L4-L5 and possible control level (conscious sedation, fluoroscopy and post-discography CT scan included): 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 rationale: The requested discography of the lumbar spine L3-4, L4-5, and possible control level with conscious sedation, fluoroscopy, and post discography CT scan is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend discography when fusion surgery is a realistic consideration for the patient. The clinical documentation fails to identify that the patient has undergone a psychosocial assessment to determine the appropriateness of fusion surgery. Additionally, the clinical documentation does not provide any evidence of significant radicular findings that would support fusion surgery. As such, the requested discography of the lumbar spine L3-4, L4-5, and possible control level with conscious sedation, fluoroscopy, and post discography CT scan is not medically necessary.