

Case Number:	CM14-0034593		
Date Assigned:	06/20/2014	Date of Injury:	02/13/2013
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/20/2014

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 Nevada. 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 47 year-old male who was reportedly injured on 2/13/2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 2/18/2014 indicates that there are ongoing complaints of back pain with left a greater than right lower extremity radicular pain. The physical examination demonstrated lumbar spine: severe pain with range of motion, left anterior thigh numbness, reduced strength 4/5 in the L4/L5 distribution. Diminished reflexes, zero knee jerk and ankle jerk bilaterally. No recent diagnostic studies were available for review. Previous treatment includes epidural steroid injection, lumbar fusion, medications to include muscle relaxers, anti-inflammatory, opioid, Tylenol and Lorazepam. A request had been made for Lumbar Discography at L1-L5, and was not certified in the pre-authorization process on 3/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discography at L1-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: After reviewing the medical documentation for the 47 year-old injured claimant with chronic back pain and lower extremity radicular pain status post work related injury. There are no recent diagnostic studies to corroborate the above stated physical findings on physical exam. In accordance with American College of Occupational and Environmental Medicine (ACOEM) guidelines, it is determined that this test is not medically necessary due to the following criteria. The ACOEM guidelines do not recommend lumbar discography, whether performed as a solitary test or when paired with imaging (e.g. MRI), for acute, subacute or chronic back pain, or for radicular pain syndromes. As such, in accordance with the Official Disability Guidelines the request is not considered medically necessary.