

Case Number:	CM14-0035250		
Date Assigned:	06/25/2014	Date of Injury:	07/09/2012
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/21/2014

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 and Rehabilitation, has a subspecialty in Pain 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 29 year old male who reported an injury to his low back on. The initial injury occurred in 07/09/12 due to being forcefully pulled by an inmate. The clinical note dated 11/21/13 indicates the injured worker having complaints of low back pain with radiating pain to the left lower extremity. The injured worker stated that nearly all movements exacerbate his pain level. The injured worker was identified as having undergone physical therapy. However, the injured worker stated despite the course of treatment, the injured worker's back symptoms continued. The injured worker also reported weakness with dorsa flexion of the left foot. The clinical note dated 12/02/13 indicates the injured worker utilizing Mobic for pain relief. The injured worker rated the pain as 5/10 at that time. The note indicates the injured worker having been recommended for an MRI of the lumbar spine. The consultation note dated 04/15/13 indicates the injured worker complaining of sharp pains in the low back radiating to the left lower extremity. The previous utilization review dated 07/01/14 resulted in a denial for a discogram as no high quality studies exist supporting the use of discograms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram with fluroscopic guidance, bilateral L3-L4, L4-L5.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, neck & upper back, 4/7/11, Discography.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 303.

Decision rationale: The request for a discogram at the L3-4 and L4-5 levels is not recommended. The documentation indicates the injured worker complaining of ongoing low back pain despite previous conservative treatments. Currently, discograms are not recommended as reproduction of the injured worker's pain upon injection has been deemed as having limited diagnostic value. Without any high quality studies having been published in peer reviewed literature supporting the use of this procedure, this request is not indicated as medically necessary.