

Case Number:	CM14-0036407		
Date Assigned:	06/25/2014	Date of Injury:	01/30/2012
Decision Date:	07/30/2014	UR Denial Date:	01/26/2014
Priority:	Standard	Application Received:	02/04/2014

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 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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a progress note dated January 14, 2014, handwritten, difficult to follow, not entirely legible, the applicant presented with unchanged low back pain. The applicant was asked to pursue CT diskography. In an applicant questionnaire of January 14, 2014, the applicant apparently stated he was unchanged. Overall documentation was difficult to follow. In an earlier note of January 13, 2014, the applicant reported persistent complaints of low back pain. The applicant had multiple palpable trigger points about the low back and shoulder, it was stated. The applicant was given prescriptions for Vicodin and Flexeril. Trigger point injection therapy was sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, diskography or CT diskography are not recommended. In this case, the attending provider did not proffer any compelling applicant-specific information or medical evidence which would offset the unfavorable MTUS recommendation. The attending provider did not state why this particular test was being sought. Documentation on file, as previously noted, was sparse, handwritten, and difficult to follow. Therefore, the request is not medically necessary.