

Case Number:	CM14-0037877		
Date Assigned:	06/25/2014	Date of Injury:	09/01/2012
Decision Date:	07/23/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/31/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 37-year-old female with a 9/1/12 date of injury. At the time (12/19/13) of request for authorization for discogram L3-S1, there is documentation of subjective (low back pain radiating to the lower extremities) and objective (tenderness to palpation over the lumbar paraspinal muscles with decreased range of motion, and positive straight leg raise bilaterally) findings, imaging findings (MRI of the lumbar spine (11/20/13) report revealed mild bilateral foraminal narrowing at L3-4; moderate foraminal narrowing and subarticular zone stenosis at L4-5), current diagnoses (lumbar disk protrusion, lumbar radiculopathy, lumbar facet arthropathy, and muscle spasms), and treatment to date (physical therapy, medications, and lumbar epidural steroid injections). In addition, medical report plan identifies diskogram to determine need for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L3-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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

Decision rationale: The California MTUS reference to ACOEM Guidelines identifies that studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Therefore, based on guidelines and a review of the evidence, the request for discogram L3-S1 is not medically necessary.