

Case Number:	CM14-0038249		
Date Assigned:	06/25/2014	Date of Injury:	02/28/2008
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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, 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 54-year-old male who was reportedly injured on February 28, 2008. The mechanism of injury was noted as cumulative trauma while loading a truck. The most recent progress note, dated February 27, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral hips and thighs. The physical examination demonstrated tenderness along the lower lumbar spine, spinous processes, and paraspinal muscles. There were decreased lumbar spine range of motion due to pain and a normal lower extremity neurological examination. A discogram was recommended to better identify the pain generator. Additional physical therapy was also recommended. Diagnostic imaging studies reported an L3-L4, L4-L5, and L5-S1 spondylosis with L4-L5 with endplate modified changes. A request was made for a discogram at L3-L4, L4-L5, and L5-S1 and was not granted in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287.

Decision rationale: According to the American College of Occupational and Environmental Medicine, discography is not recommended for assessing patients with acute low back symptoms. There should be evidence of failure of previous conservative treatment. There was no documentation from the requesting provider that the injured employee has failed previous conservative treatment and there should be satisfactory results from a detailed psychological assessment indicating that if there were emotional and chronic pain problems linked to significant back pain for prolonged periods of time, then discography should be avoided. A psychiatric evaluation dated January 17, 2011, specifically stated that the injured employee has major depression and anxiety due to multiple physical complaints of chronic pain. For these multiple reasons, this request for a discogram at L3-L4, L4-L5 and L5-S1 is not medically necessary.