

Case Number:	CM14-0042706		
Date Assigned:	07/07/2014	Date of Injury:	11/14/2012
Decision Date:	08/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/09/2014

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 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 injured worker is a 43-year-old male who reported an injury on 11/14/2012. The diagnosis was lumbosacral spondylosis. The mechanism of injury was the injured worker was lifting display cases and bent down to lift one and felt a pain in his back. The injured worker was noted to undergo an MRI of the lumbar spine and electrodiagnostic studies. The injured worker underwent an epidural steroid injection. The documentation of 02/24/2014 revealed the injured worker had symptoms of low back pain radiating posteriorly to the calf with spasms. The injured worker was noted to have an epidural steroid injection, chiropractic treatment, massage, acupuncture, and physical therapy. The physical examination revealed the injured worker had decreased range of motion and a positive straight leg raise bilaterally. The diagnosis included lumbar spondylosis and bilateral sciatica. The physician recommendation and treatment plan included a repeat MRI and a possible discogram. Subsequent documentation dated 03/21/2014 revealed the injured worker was continuing to experience low back pain radiating down to both legs and was unable to be functional at work secondary to symptoms. The treatment plan included a lumbar discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3 S1 Discogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discography.

Decision rationale: The Official Disability Guidelines do not recommend discography. In the past, discography has been used as part of the preoperative evaluation for injured workers for consideration of surgical intervention for low back pain. The documentation indicated the injured worker was to have an MRI. There was no DWC form RFA for a discogram. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for L3-S1 discogram is not medically necessary.