

Case Number:	CM14-0047368		
Date Assigned:	07/02/2014	Date of Injury:	07/19/2012
Decision Date:	08/12/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/15/2014

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 51-year-old male with a 7/19/12 date of injury. At the time (1/27/14) of request for authorization for Discogram Lumbar Spine L3-L4 & L5-S-1, there is documentation of subjective (low back pain) and objective (decreased and painful lumbar spine range of motion, tenderness over the lumbar spine, and pain with Lasegue's test) findings, current diagnoses (lumbar degenerative disc disease, lumbar disc displacement, and lumbar facet syndrome), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram Lumbar Spine L3-L4 & L5-S-1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability guidelines Low Back (updated 03/31014) Discography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS reference to ACOEM Guidelines identifies that Diskography is not recommended for assessing patients with acute low back symptoms. Therefore, based on

guidelines and a review of the evidence, the request for Discogram Lumbar Spine L3-L4 & L5-S-1 is not medically necessary.