

Case Number:	CM14-0048309		
Date Assigned:	07/02/2014	Date of Injury:	12/06/2006
Decision Date:	08/14/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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 61-year-old male with a 12/6/06 date of injury. At the time (1/24/14) of the request for authorization for Imr Discogram of Lumbar Spine, there is documentation of subjective (persistent pain in his low back with radiation down to both lower extremities) and objective (tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points noted along the lumbar paraspinal muscles, decreased range of motion, sensation is decreased along the posterior lateral thigh and posterior lateral calf bilaterally) findings, current diagnoses (lumbar spine myoligamentous injury with radicular symptoms to the lower extremity and lumbar facet syndrome), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Imr Discogram of Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MATUS 2009 Low Back ComplaintsACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Pages 308-310 Evaluating and Managing Low Back Complaints.

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, Discography.

Decision rationale: MTUS does not address the issue. ODG identifies discography is not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. Therefore, based on guidelines and a review of the evidence, the request for Imr Discogram of Lumbar Spine is not medically necessary.