

Case Number:	CM14-0050971		
Date Assigned:	07/07/2014	Date of Injury:	12/07/2005
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 44-year-old male who reported an injury on 12/07/2005. The diagnosis was lumbar spine herniation. The documentation of 12/26/2013 revealed the injured worker had complaints of left foot and ankle pain. The injured worker had lumbar spine restriction and painful range of motion. There was tenderness to palpation with paraspinal spasms noted. There was hypoesthesia of the foot and ankle of an incomplete nature noted, bilaterally with facet joint tenderness at L3, L4, L5, and S1. The diagnosis included lumbar disc herniation with radiculitis/radiculopathy, positive MRI and EMG, left ankle osteochondral defect, talus status post arthroscopic surgery with calcaneal spur, left foot plantar fasciitis, gastritis, NSAID related, anxiety and depression as well as insomnia. The treatment plan included a Discogram at the level of L2-3, L3-4, L4-5, and L5-S1 to isolate the source of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram L2-L3, L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapters.

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 indicate discography is not recommended. In the past, discography has been used as part of a preoperative evaluation of injured workers for consideration of surgical intervention for low back pain. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Lumbar Discogram L2-L3, L3-L4, L4-L5, L5-S1 is not medically necessary.