

Case Number:	CM14-0053391		
Date Assigned:	07/07/2014	Date of Injury:	05/28/2009
Decision Date:	08/06/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/22/2014

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 Diagnostic Radiology 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 patient is a 39 year-old male who suffered a work related injury to his back on 5/28/09. According to the physician report from 3/20/14, the chronic low back pains is described as moderate to severe, burning, sharp, shooting, and throbbing. The patient also has chronic complaints of left shoulder, right knee, thoracic and cervical spine pain. MRI of the lumbar spine from 1/14/14 reports no evidence of degenerative disc disease or focal disc protrusion. It also reports mild facet degenerative changes at L4-L5 and L5-S1. The patient received multiple forms of treatment for his chronic complaints including medications, physical therapy, braces, and psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SPINE AT L4-S1 CT DISCOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

Decision rationale: According to both the ACOEM Guidelines and the Official Disability Guidelines, discography is not recommended due to a lack of strong evidence to support "the use of discography results as a preoperative indication for either IDET or spinal fusion." Additionally, according to the Official Disability Guidelines, patient selection criteria for discography include "an MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection)." The patient's MRI results demonstrated "no MR evidence of degenerative disc disease or focal disc protrusion." In combination with the patient's clinical and imaging findings, and the above guidelines, the request for 1 spine at L4-S1 CT discogram is not medically necessary and appropriate.