

Case Number:	CM14-0059885		
Date Assigned:	07/09/2014	Date of Injury:	12/08/2012
Decision Date:	08/08/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/30/2014

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 Spine Surgery and is licensed to practice in New York. 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 complains of low back pain radiating down both legs. The patient had prior right-sided L3-L5 laminectomies in April 2013. The patient also had an epidural steroid injection in November 2013 with no effect. The patient has worsening back pain since July 2013. An X-ray from December 2012 revealed mild degenerative disc condition. An MRI from August 2013 shows L2-3 disc degeneration, L3-4 laminectomy with perineural fibrosis and scar tissue around the right L4 nerve root. At L4-5 there was also scar tissue and fibrosis around the right L5 nerve root. On physical examination the patient has reduced range of motion of the lumbar spine. At issue is whether lumbar discograms are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG Low Back Pain Chapter.

Decision rationale: According to the ODG, lumbar discography tests are used prior to lumbar fusion surgery. The medical records do not indicate that this patient is an appropriate candidate for lumbar fusion surgery. The criteria for lumbar fusion are not met as there is no evidence of an instability fracture or tumor. There is no evidence of a previous failed fusion. Since this patient does not meet criteria for lumbar fusion, then the request for a discography is not medically necessary and appropriate.