

Case Number:	CM14-0059922		
Date Assigned:	07/09/2014	Date of Injury:	11/26/2011
Decision Date:	09/19/2014	UR Denial Date:	04/22/2014
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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; a TENS unit; earlier lumbar discectomy; adjuvant medications; and a functional restoration program. In a Utilization Review Report dated April 22, 2014, the claims administrator denied a request for a lumbar diskogram. The applicant's attorney subsequently appealed. On July 7, 2014, the applicant was given a refill of Duragesic. Authorization was sought for a TENS unit with associated supplies. The applicant remained depressed and anxious. It was stated that the applicant did not wish to proceed with surgery, despite the fact that a surgical consultant had recommended a diskography at an earlier point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); work loss data institute, LLC; Corpus Christi, TX: www.odg-twc.com; section; low back-lumbar & thoracic (Acute & Chronic)(updated 3/31/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, both diskography and/or CT diskography are deemed "not recommended." In this case, it is further noted that the applicant has apparently elected to eschew any kind of surgical or interventional surgical remedy, further arguing against the need for the diskogram at issue. Therefore, the request is not medically necessary.