

Case Number:	CM14-0063618		
Date Assigned:	07/11/2014	Date of Injury:	04/20/2010
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/06/2014

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 Geriatrics 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 injured worker is a 30 year old man with a date of injury of 4/20/10. He was seen by his physician on 4/30/14 with complaints of left side thoracolumbar pain due to T11-12 lumbar protrusion disk herniation, left SI joint dysfunction and lumbar degenerative disk disease with diskogenic back pain and annular disk disease of L4-5 and L5-S1. He was said to have undergone months of conservative therapy with little, temporary or no relief including physical therapy, chiropractic, acupuncture and SI nerve root blocks. He was able to work full time. The initial request for diskography was after a visit by his physician on 3/25/14. His exam showed he was neurologically intact in his bilateral lower extremities. An MRI of his lumbar spine in 8/13 showed no significant interval change in the MRI from 1/11 redemonstrating mild degenerative changes with patent spinal canal and neural foramina at all levels. The physician again advocated for discography of his lumbar-sacroal spine which had been previously denied and is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One discography at L3-4, L4-5 and L5-S1: 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): 287-310.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2010. Diskography is requested due to failure of conservative therapy for consideration of surgery. There is a lack of strong medical evidence to support the use of diskography and its use should only be considered in those with back pain that is of at least three months duration, those that have failed conservative treatment, those with satisfactory results from detailed psychosocial assessment, those that are candidates for surgery and have been briefed on potential risks and benefits from diskography and surgery. In this case, the worker is able to work full time in spite of 'failure of conservative therapy' and has had prior diagnostic studies including MRI showing stable mild degenerative changes with patent spinal canal and neural foramina at all levels. The medical necessity of discography is not substantiated in the medical records.