

Case Number:	CM14-0063986		
Date Assigned:	07/11/2014	Date of Injury:	12/12/2011
Decision Date:	09/17/2014	UR Denial Date:	04/09/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female who reported injury on 12/12/2011. The mechanism of injury was not provided. Other therapies were not provided. The documentation of 11/21/2013 revealed the injured worker's medications included KBCGL cream, which included Ketoprofen, baclofen, cyclobenzaprine, gabapentin, and lidocaine, and oral medications including Naproxen, ibuprofen, Nabumetone, and hydrocodone/ acetaminophen. Other therapies were noted to include physical therapy. The injured worker was noted to have an MRI of the lumbar spine which showed isolated disc desiccation with left lateral recess stenosis. This was noted to correlate with left leg radicular components. The injured worker was given a repeat acromioclavicular injection with Marcaine and Toradol and recommended to followup in 1 month. Diagnosis included lumbar syndrome. The documentation of 12/19/2013 revealed the injured worker had pain in the low back secondary to radiating left leg pain. The physician opined there was a reasonable chance the injured worker may have discogenic pain at L5-S1 and was in need of an analgesic discogram. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analgesic Discogram lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305.

Decision rationale: The American College of Environmental Medicine indicates that, the use of discography should be reserved injured workers who have had back pain of at least three months duration, have a failure of conservative treatment, who have had a detailed psychosocial assessment, are a candidate for surgery and who have been briefed on potential risks and benefits from discography and surgery. There was a lack of documentation indicating the injured worker had a failure of conservative care, had a detailed psychosocial assessment and was a candidate for surgery. The physician indicated the rationale was to provide analgesia. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the level for the requested discogram. Given the above, the request for Analgesic Discogram lumbar spine is not medically necessary.