

Case Number:	CM14-0064337		
Date Assigned:	07/11/2014	Date of Injury:	01/29/2010
Decision Date:	09/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/07/2014

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:

According to the records made available for review, this is a 49-year-old male with a 1/29/10 date of injury. At the time (4/16/14) of request for authorization for Lumbar spine discogram L3-4, L4-5, L5-S1, there is documentation of subjective (low back pain radiating to the legs) and objective (decreased lumbar range of motion, weakness of the extensor hallucis longus, positive straight leg raise test, and decreased sensation over the anterior and lateral portion of the feet) findings, current diagnoses (lumbar disk herniation with radiculitis/radiculopathy), and treatment to date (physical therapy, aquatic therapy, medication, and acupuncture).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine discogram L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Pain Society; American College of Physicians. Non-pharmacologic therapies for acute and chronic low back pain: a review of the evidence for a clinical practice guideline. Recommendations on surgery and interventional treatments. http://www.odg-twc.com/index.html?odgtwc/low_back.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

Decision rationale: MTUS reference to ACOEM Guidelines identifies that studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion. Therefore, based on guidelines and a review of the evidence, the request for Lumbar spine discogram L3-4, L4-5, L5-S1 is not medically necessary.