

Case Number:	CM14-0064861		
Date Assigned:	07/11/2014	Date of Injury:	08/16/2006
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 male who reported injury on 8/16/06 to his low back. A clinical note dated 09/12/13 indicated initial injury occurred in 09/06 as a result of working long hours at a steak house. The injured worker underwent posterior lumbar fusion in 2007. MRI of the lumbar spine dated 07/17/13 revealed moderate to severe right and moderate left L5 to S1 neural foraminal stenosis with compression of the exiting right and mild deformity of the exiting left L5 nerve roots. A clinical note dated 12/03/13 indicated the injured worker continuing with low back pain radiating to the lower extremities. The injured worker also had complaints of sensation of legs giving way. The injured worker rated the pain 8/10. Upon exam the injured worker ambulated with mildly antalgic gait. No strength or reflex deficits were identified. A clinical note dated 02/04/14 indicated the injured worker undergoing epidural steroid injection on 01/27/14 which reduced low back pain by 75 percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at L3-L4 and L5-S1 with negative control: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The injured worker complained of ongoing low back pain despite previous surgical intervention. Recent studies concluded that discography was significantly questioned as a preoperative indication. Studies suggested that reproduction of the specific back complaints on injection is of limited diagnostic value. Given this, the request is not indicated as medically necessary.