

Case Number:	CM14-0065875		
Date Assigned:	07/11/2014	Date of Injury:	01/08/2010
Decision Date:	12/23/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 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 53-year-old female with a 1/8/10 date of injury. At the time (4/11/14) of the Decision for Discogram of the Lumbar spine at L3-L4 and L5-S1, there is documentation of subjective (increased pain in the lower back and weakness in the left lower extremity) and objective (decreased range of motion of the lumbar spine and tenderness to palpation over the paraspinal musculature with paraspinal spasms) findings, current diagnoses (lumbar disc herniation with radiculopathy), and treatment to date (lumbar epidural injection and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram of the Lumbar spine at L3-L4 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Low Back

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 diskography do not support its use as a preoperative indication for either intradiskal

electrothermal (IDET) annuloplasty or fusion. Therefore, based on guidelines and a review of the evidence, the request for Discogram of the Lumbar spine at L3-L4 and L5-S1 is not medically necessary.