

Case Number:	CM14-0076243		
Date Assigned:	07/16/2014	Date of Injury:	01/18/2010
Decision Date:	09/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/26/2014

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 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:

The injured worker is a 45 year old female who sustained an injury to her low back on 01/18/10 while lifting boxes. Magnetic resonance image of the lumbar spine dated 09/07/10 revealed mild degenerative changes of lumbar spine including disc bulges at L2-3 and L5-S1; L2-3 focal right lateral recess disc protrusion resulting in mild right lateral recess encroachment; L5-S1 left asymmetric disc protrusion resulting in mild right and mild to moderate left lateral recess encroachment and mild left neural foraminal encroachment left asymmetric disc protrusion material approached and mildly effaced transiting left S1 nerve root; central spinal canal and neural foramina patent at other levels. Electrodiagnostic studies dated 10/22/10 noted that right L5 radiculopathy could not be ruled out. Clinical note dated 03/29/14 noted that the injured worker had been on pain medications. She stated that her pain was 1/10 visual analog scale with medications and 8-9/10 without. The physical examination noted decreased lumbar range of motion for flexion at 40 degrees, extension 20 degrees, bilateral side bending 20 degrees, bilateral rotation 20 degrees; deep tendon reflexes 1+ at the knee and symmetric; ankle jerks and symmetric; normal dermatomal findings and motor strength; straight leg raise 60 degrees bilaterally; Lasegue's maneuver positive right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection for spine disc x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discography.

Decision rationale: As the guidelines do not recommend this proceed, the request was not deemed medically appropriate. The Official Disability Guidelines state that current evidence-based studies suggest that reproduction of the specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. Provocative discography is not recommended because diagnostic accuracy remains uncertain, false positives can occur in persons without low back pain and its use has not been shown to improve clinical outcomes. This modality may cause disc degeneration. Discography as a diagnostic test is controversial and in view of these findings the utility of this test should be reviewed. Given this, the request for injection for spine disc x-ray is not indicated as medically necessary.