MAXIMUS Federal Services

Case Number:	CM14-0078772		
Date Assigned:	07/18/2014	Date of Injury:	01/08/2010
Decision Date:	10/14/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/29/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of January 8, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee surgery; epidural steroid injection therapy; and unspecified amounts of physical therapy over the life of the claim.In a Utilization Review Report dated May 5, 2014, the claims administrator denied a request for a multilevel lumbar discogram.The claims administrator invoked non-MTUS ODG Guidelines in its denial and did not, furthermore, incorporate said guidelines into its rationale.The applicant's attorney subsequently appealed; however, the applicant's attorney did not incorporate several progress notes made available to the claims administrator into the independent medical review packet, including the April 3, 2014 progress note on which the discogram at issue was requested.In an internal medicine note of November 14, 2013, the applicant was given diagnoses of hypertension, labile blood pressure, lumbar radiculopathy status post epidural injection, knee arthroscopy, anxiety, depression, hypothyroidism, mid back pain, upper back pain, and gastritis. The applicant was advised to stop taking Zestril and begin Tenormin.

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 the L3-L4, L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12, Table 12-8, page 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, table 12-8, page 309, discography, the article at issue here, is deemed "not recommended." In this case, the attending provider has not furnished any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue, although it is acknowledged that several progress notes made available to the claims administrator, including the April 3, 2013 progress note at which the discogram in question was requested, were not incorporated into the independent medical review packet. The information which is on file, however, does not support the request. Therefore, the request is not medically necessary.