

Case Number:	CM14-0084944		
Date Assigned:	07/23/2014	Date of Injury:	08/18/2011
Decision Date:	09/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 Nevada. 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 48-year-old male who was reportedly injured on August 18, 2011. The mechanism of injury is noted as lifting a 50 pound stone. The most recent progress note dated April 29, 2014, indicates that there are ongoing complaints of low back pain and bilateral leg pain. The physical examination demonstrated lumbar paraspinal tenderness and decreased lumbar spine range of motion. There was full muscle strength of the lower extremities and decreased sensation at the bilateral S1 dermatomes. Diagnostic imaging studies of the lumbar spine demonstrated a disc protrusion at the L4-L5, and L5-S-1 level. Previous treatment includes physical therapy, oral medications, a home exercise program and epidural steroid injections. A request was made for a discogram at L3, L4, and L5 and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment, Current Edition (Web), current year, Low Back.

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 - Lumbar and Thoracic, Discography, Updated August 22, 2014.

Decision rationale: This request stated to be for a discogram at L3, L4, and L5, are vertebral levels not disc spaces. It is assumed that this request is actually for the L3 - L4 and L4 - L5 vertebral discs. However, according to the official disability guidelines discography is not recommended. The conclusion of recent high quality studies on discography has significantly questioned the use in preoperative planning and is stated to be of limited diagnostic value. Considering this, the request for a discogram at L3, L4, and L5 is not medically necessary.