

Case Number:	CM14-0139496		
Date Assigned:	09/05/2014	Date of Injury:	11/28/2012
Decision Date:	01/09/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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 Management 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 36-year-old male with an 11/28/12 date of injury. At the time (3/29/14) of request for authorization for Lumbar discogram L2-3, L3-4, L4-5 and L5-S1, there is documentation of subjective (low back pain radiating ton left leg) and objective (tenderness over the L3-4, L4-5, and L5-OS1; positive left straight leg raising test radiating to left foot; 3-4/5 motor strength of the left lower extremity; diminished deep tendon reflexes; and decreased sensation) findings, current diagnoses (disk protrusion with radiculopathy at L3-4, L4-5, and L5-S1), and treatment to date (medications, physical therapy, activity modification, and epidural steroid injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram L2-3, L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, page 304; Discography; Official Disability Guidelines (ODG), Low back; Discography.

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 Lumbar Discogram L2-3, L3-4, L4-5 and L5-S1 is not medically necessary.