

Case Number:	CM14-0188635		
Date Assigned:	11/19/2014	Date of Injury:	10/15/2010
Decision Date:	01/07/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedics and is licensed to practice in New York. 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 patient has a date of injury of October 5, 2010. The patient has chronic low back pain. The patient is to epidural steroid injections into facet injections. MRI lumbar spine show spondylolisthesis at L5-S1 secondary to pars defects. There is a disc protrusion of L5-S1 with slight compression of the bilateral L5 nerve roots. At L4-5 is moderate stenosis. At L3-4 there is mild stenosis. Physical examination shows reduced range of lumbar motion. There is tenderness palpation lumbar spine. There sensory changes in the left L4, L5 and S1 dermatomes. There is weakness of the EHL on the left. Knee strength is 3/5 on the left. Hip abduction is 4-5. There is decreased sensation in the L3, L4 and L5 dermatomes. At issue is whether multiple level discogram is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine discogram at L3-L4, L4-L5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Decision rationale: This patient does not meet criteria for multilevel lumbar discogram. Discogram is a study that is done prior to performing lumbar fusion to determine which levels are symptomatic. Discogram is only appropriate if the patient isn't appropriate candidate for lumbar fusion surgery. The medical records do not document that this patient is an appropriate candidate for lumbar fusion surgery. Specifically, there is no documentation of abnormal instability at any lumbar level. Also, there are no red flag indicators for spinal fusion surgery such as fracture, tumor, and progressive neurologic deficit. Since fusion surgery is not medically necessary, then discogram is not needed.

Pre-operative lab tests including CBC, PTT, PT/INR, and Chem 7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.