

Case Number:	CM14-0192838		
Date Assigned:	11/26/2014	Date of Injury:	02/26/2014
Decision Date:	01/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 Orthopedic Spine Surgeon 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 is a 50 year old female with 2 dates of injury. She has a date of injury of August 16, 2013 and February 25, 2008. The patient has chronic low back pain. Magnetic resonance imaging (MRI) from May 2014 shows mild disc bulges without any evidence of neural compression. The patient continues to have chronic back pain. Treating physician indicates the patient has three-level disc degeneration. She has tried chiropractic care without success. At issue is whether lumbar discogram is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram lumbar spine: 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 MTUS low back pain chapter, pages 305-322. ODG low back pain chapter

Decision rationale: Lumbar discogram is attest that is performed prior to lumbar fusion. His only indicated for lumbar fusion is medically necessary. A review of the medical records indicates that this patient does not meet criteria for lumbar fusion. Specifically, there is no

documentation of instability, fracture or tumor. There is no documentation of significant neurologic deficit. Since lumbar fusion surgery is not medically necessary, then lumbar discogram is not needed. Guidelines do not support the need for lumbar discogram in this case.