

Case Number:	CM14-0196882		
Date Assigned:	12/04/2014	Date of Injury:	06/09/1999
Decision Date:	01/20/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 injured worker is a 48 year-old male, who sustained an injury on June 9, 1999. The mechanism of injury is not noted. Diagnostics have included: September 30, 2014 EMG reported as showing indications of radiofrequency ablation. Treatments have included: lumbar laminectomy, physical therapy, injections, radiofrequency ablation, medications. The current diagnoses are: lumbar post-laminectomy syndrome, lumbar disc disease, lumbago. The request for Discogram L1-L2, L2-L3, L3-L4 was denied on October 29, 2014, citing a lack of documentation of positive physical exam evidence, psychological evaluation, indication that the injured worker is a surgical candidate, nor current imaging studies. Per the report dated October 23, 2014, the treating physician noted complaints of low back pain and leg pain. Exam findings included decreased lumbar range of motion and decreased bilateral lower extremity sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L1-L2, L2-L3, L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The requested Discogram L1-L2, L2-L3, L3-L4, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Discography, Pages 303-304, note that discography is only recommended if the injured worker is a current candidate for fusion, and has a psychological evaluation. The injured worker has low back pain and leg pain. The treating physician has documented decreased lumbar range of motion and decreased bilateral lower extremity sensation. The treating physician has not documented exam or diagnostic evidence that the injured worker is currently a surgical candidate for fusion, nor had a current psychological evaluation. The criteria noted above not having been met, Discogram L1-L2, L2-L3, L3-L4 is not medically necessary.