

Case Number:	CM14-0198262		
Date Assigned:	12/08/2014	Date of Injury:	01/08/2009
Decision Date:	01/22/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

10/27/14 note reports pain in the back. It is constant. It is noted to radiate into the bilateral lower extremities right greater than left. Pain is reported to be severe. There is effect on ability to sleep. Pain varies from 7/10 to 9/10. EMG of 4/16/14 was reported to be normal. MRI of 4/2/14 notes DJD at L4-5 and L5-S1. 9/8/14 note reports pain in the back aggravated by movement. There is pain in the neck and radiates into elbows. Exam reports 4/5 strength for EHL. There is reported foot drop. There was reported tingling and numbness in the lateral thigh and leg in a L5 dermatomal pattern.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4, L4-5, L5-S1 Discogram: 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, discogram

Decision rationale: ODG guidelines support discogram when back pain of at least 3 months duration:-Failure of recommended conservative treatment including active physical therapy-An

MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection)-Satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided)-Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated The medical records do not support that there is a normal disc level by MRI for use as control. The medical records indicate all lumbar segments are involved. There is also no documentation of a satisfactory psychological assessment in support of proceeding with discography. ODG does not support discography in absence of these. The request is not medically necessary.