

Case Number:	CM14-0206744		
Date Assigned:	12/15/2014	Date of Injury:	09/28/2009
Decision Date:	02/06/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice 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:

52 yr. old female claimant sustained a work injury on 9/28/09 involving the low back and legs. An MRI in 2013 indicated she had an L4-L5 annular tear with degenerative disk disease and C5-C6 cervical disk protrusion with radiculitis. Another MRI of the lumbar spine in October 2014 indicated the claimant had 2 mm central disk bulging with a partial annular tear. A progress note on 11/5/14 indicated the claimant has pain with extension and a positive straight leg raise. The physician requested a lumbar diskogram at L4-L5 with a control level at L2-L3 and post discography CT. The test was intended to be pre-surgical for an anterior discectomy and fusion of L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram L4-5 with control level at L2-3 and post discography CT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain.

Decision rationale: According to the guidelines a discography and discogram are not recommended. An MRI is more appropriate than recommended preoperatively. The claimant has already received an MRI of lumbar spine. Recent studies question the preoperative indication for a spinal fusion with discography and have determined limited diagnostic value. Therefore this request is not medically necessary.