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| Case Number: | CM14-0026562 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 12/08/2011 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 55 year-old male with date of injury 12/08/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/19/2013, lists subjective complaints as pain in the low back. Patient had an MRI of the lumbar spine performed on 08/30/2013 which was notable for a 2-3mm broad-based posterior disc bulge at L4-5, moderate to severe central canal stenosis, facet arthropathy bilaterally, and mild to moderate bilateral neural foraminal stenosis. Objective findings: Examination of the lumbar spine revealed tightness and spasm of the paraspinal musculature. There was tenderness to palpation at the posterior/superior spine and facet tenderness at L3-L5 levels bilaterally. Range of motion was restricted in all planes. There was hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L4, L5, and S1 dermatomes levels, bilaterally. Straight leg raise was positive bilaterally at 75 degrees. Diagnosis: 1. Herniated lumbar disc L4-L5, L5-S with bilateral radiculopathy, right and left, positive MRI 2. Right ankle strain/sprain 3. Diabetes 4. Multiple trauma 1990 fracture of right ankle, left forearm, right and left hand and wrist 5. Psoriasis 6. Insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. The request for lumbar spine discogram L3-L4, L4-L5, L5-S1 is not medically necessary.