

Case Number:	CM14-0029895		
Date Assigned:	06/20/2014	Date of Injury:	01/03/2010
Decision Date:	01/07/2015	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/10/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 3, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier epidural steroid injection therapy; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated February 10, 2014, the claims administrator denied a request for discography. Non-MTUS ODG Guidelines were cited, and were, furthermore, mislabeled as originating from the MTUS. The claims administrator alluded to the applicant's having comorbid issues with depression. The claims administrator stated that its decision was based on a January 13, 2014, progress note and/or associated RFA form. The applicant attorney subsequently appealed. In said January 13, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had apparently returned to work after having been off of work for two months. It was acknowledged with the applicant was working with limitations in place. The applicant was apparently depressed. The applicant had apparently a consulted a neurosurgeon, who had endorsed discography to determine the applicant's suitability for multiple level surgery. The applicant's medication list included Elavil, Neurontin, Naprosyn, Prilosec, Flexeril and Norco. The applicant did have lower extremity paresthesias and did report some exacerbation of pain on range of motion testing. Provocative discography was endorsed while the applicant was placed off of work, on total temporary disability. In an earlier note dated November 13, 2013, it was stated in one section of the note that the applicant off of work. The second section stated that the applicant was working light duty. At the bottom of the report, the applicant was placed off of work, on total temporary disability. A psychiatric evaluation was sought. The requesting provider, it is incidentally noted, concurrently sought authorization for

discography and EMG testing of the bilateral lower extremities on office visits of January 13, 2014 and December 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM LUMBAR 3-LUMBAR 4 AND LUMBAR 4-LUMBAR 5:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, discography, the article at issue here, is deemed "not recommended." In this case, neither the requesting provider nor the applicant's neurosurgeons have set forth a compelling case for discography so as to offset the unfavorable ACOEM position on the same. It is further noted that the requesting provider seemingly and concurrently sought authorization for discography and EMG testing, the latter of which carries a more favorable recommendation in ACOEM Chapter 12, Table 12-8, and which, if positive, would obviate the need for the proposed discogram. Therefore, the request is not medically necessary.