

Case Number:	CM15-0007146		
Date Assigned:	01/26/2015	Date of Injury:	03/28/2012
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

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

This 56 year old female sustained an industrial injury on 12/23/14. She subsequently reports chronic low back pain. Diagnoses include disc degeneration and lumbar spinal stenosis. Prior treatments include injections, physical therapy and medication such as Ultram and Mobic. An MRI dated 6/14/12 revealed lumbar abnormalities. The UR decision dated 12/24/14 non-certified Psychiatric Clearance Prior to Discogram; Lumbar Spine Discogram at L5-S1. The Psychiatric Clearance Prior to Discogram; Lumbar Spine Discogram at L5-S1 was denied based on ODG Low Back and CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC CLEARANCE PRIOR TO DICOGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

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

Decision rationale: This 56 year old female has complained of low back pain since date of injury 12/23/14. She has been treated with physical therapy, steroid injections and medications. The current request is for psychiatric clearance prior to discogram. Discogram is not indicated as medically necessary per the MTUS guidelines cited above, therefore psychiatric clearance prior to discogram is not indicated.

LUMBAR SPINE DISCOGRAM AT L5-S1: Upheld

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

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

Decision rationale: This 56 year old female has complained of low back pain since date of injury 12/23/14. She has been treated with physical therapy, steroid injections and medications. The current request is for diskography. Per the MTUS guidelines cited above, diskography is not recommended for assessing patients with acute low back symptoms. On the basis of the available medical records and per the MTUS guidelines cited above, diskography is not indicated as medically necessary.