

Case Number:	CM15-0108522		
Date Assigned:	06/15/2015	Date of Injury:	10/29/2014
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 33 year old female, who sustained an industrial/work injury on 10/29/14. She reported initial complaints of lower back pain with radiation to the right lower leg. The injured worker was diagnosed as having sciatica, sprain/strain lumbar region, lumbar radiculopathy. Treatment to date has included medication, surgery (laminectomy at L4-5 in 2003), physical therapy, chiropractic care, activity modification, and diagnostics. MRI results were reported to have a protrusion at L3-4 and L5-S1 and a recurrent right L4-5 protrusion. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 4/7/15 and demonstrated right L5-S1 radiculopathy. Currently, the injured worker complains of low back, right buttock, and leg pain. Per the primary physician's progress report (PR-2) on 4/16/15, examination revealed spasms of the lumbar spine, positive straight leg raise on the right, negative on the left, ankle dorsiflexors and plantar flexors are 5/5 and iliopsoas are 5/5. The requested treatments include Lumbar Discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-low back pain and pg 25.

Decision rationale: According to the guidelines, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. In this case, the claimant has already undergone MRI and prior surgeries. There was mention of disc herniation rather than degeneration. In addition, the request for the discograph was not justified. The guidelines do not recommend a discogram and it is not medically necessary.