

Case Number:	CM15-0141620		
Date Assigned:	07/31/2015	Date of Injury:	03/16/2015
Decision Date:	09/11/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old male who sustained an industrial injury on May 16, 2015 resulting in low back pain. He was diagnosed with lumbar herniated disc and low back pain. Documented treatment has included physical therapy and medication, but the injured worker continues to present with severe back pain. The treating physician's plan of care includes surgery and a discogram under fluoroscopy. Surgery has been certified. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram under fluoroscopy: 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, Discography.

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

Decision rationale: California MTUS guidelines indicate recent studies on discography do not support its use before a fusion. Discography does not identify the symptomatic high intensity zone and concordance of symptoms with the disc injected is of limited diagnostic

value and it can produce significant symptoms in controls more than a year later. As such, the request for discography is not supported by guidelines and the medical necessity of the request has not been substantiated.