

Case Number:	CM15-0147323		
Date Assigned:	08/10/2015	Date of Injury:	09/26/2013
Decision Date:	09/09/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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:

The injured worker is a 37 year old male, who sustained an industrial injury on 9-26-2013. He reported a slip and fall. The injured worker was diagnosed as having lumbosacral neuritis, not otherwise specified. Treatment to date has included diagnostics, medications, physical therapy, and transforaminal epidural steroid injection at left L4-5 on 5-5-2015. Currently, the injured worker complains of severe and constant back pain, as well as occasional left sided buttock pain and leg pain. Current medications included Meloxicam and Gabapentin. Lumbar epidural steroid injections did not provide significant improvement in symptoms. Exam noted a height of 5'5" and weight 225 pounds. Motor strength was 5 of 5 and deep tendon reflexes were 2+ for patella and 1+ for Achilles. Pathological reflexes noted absent clonus and Hoffmann, and toes going down bilaterally. He was able to heel and toe walk and could squat and stand without assistance. Lumbar range of motion was within normal limits and straight leg raise was negative bilaterally. The treatment plan included a provocative discography at L3-4 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provocative Discography Lumbar L3-L4, L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Discography Section.

Decision rationale: MTUS guidelines do not address the use of discography therefore, alternative guidelines were consulted. Per the ODG discography is not recommended. In the past, 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. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. As this procedure is not supported by the guidelines, the request for provocative discography lumbar L3-L4, L5-S1 (sacroiliac) is determined to not be medically necessary.