

Case Number:	CM15-0162376		
Date Assigned:	08/28/2015	Date of Injury:	07/21/2014
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 29-year-old male who sustained an industrial injury on July 21, 2014 resulting in low back pain. Diagnoses have included lumbosacral strain and herniated disc of the lumbar spine. Documented treatment has included physical therapy with little noted improvement, and medication including Naproxen and Tramadol. The injured worker continues to present with low back pain radiating to his right groin area and down his right leg with reduced range of motion reducing his ability to perform many activities of daily living and interfering with sleep. The treating physician's plan of care includes a discogram at L4-5 and L5-S1. Work status is with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L4-L5 and L5-S1: 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).

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-Discography.

Decision rationale: Discogram L4-L5 and L5-S1 is not medically necessary per the ODG. The MTUS does not specifically address this request. The ODG states that studies reveal that discography of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) are of limited diagnostic value. The documentation does not reveal extenuating circumstances to necessitate going against guideline recommendations. Furthermore, the ODG states that if the payor and provider agree to a discogram anyway there should be satisfactory results from detailed psychosocial assessment as one of the criteria. The documentation does not reveal this assessment. The request for a discogram is not medically necessary.