

Case Number:	CM15-0196190		
Date Assigned:	10/09/2015	Date of Injury:	04/04/2006
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old female who sustained an industrial injury on April 04, 2006. An orthopedic follow up dated April 06, 2015 reported chief subjective complaint of lumbar pain. Of note, the last MRI of lumbar spine noted performed on August 2014 and last discogram in May 2013. She continues with "low back pain and right quadriceps pain since that time." Active problem list consisted of: lumbar strain; spondylosis, lumbar; degenerative disc disease, lumbar; chronic pain syndrome, and degenerated disc disease lumbosacral without myelopathy. Current active medications listed: Soma, Mobic, Percocet, and Vicodin. The plan of care is with recommendation for repeat discogram in order to confirm that in fact she needs a fusion. "Based on the previous discogram she had concordant pain at L4-5 and the needle was unable to be entered at L5-S1 and would recommend a 2 level anterior posterior fusion, but would like repeat discogram for further clarification." Orthopedic follow up dated September 03, 2015 reported the plan of care with requesting recommendation for discogram at L2-3 for control L3-4, L4-5 and L5-S1 for the provocative levels. On September 14, 2015 a request was made for discogram at L2-3 for control L3-4, L4-5 and L5-S1 for provocative levels that was noncertified by Utilization Review on September 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at L2-3 for control L3-4, L4-5 and L5-1 for the provocative levels: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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-Lumbar & Thoracic (Acute & Chronic), discography.

Decision rationale: The claimant sustained a work injury in April 2006 when she twisted while picking up an empty pallet with injury to the low back and continues to be treated for low back pain with lower extremity radicular symptoms. Lumbar spine surgery is being planned. She underwent a discogram which was technically unsuccessful at the L5/S1 level. When seen, she was having low back and right quadriceps pain. Physical examination findings included decreased and painful lumbar range of motion. She was able to ambulate without problems. A repeat discogram is being requested. Although generally not recommended, if coverage for discography is being considered, criteria include that testing be limited to a single level with a control disc. In this case, testing is being requested at three levels with a control disc at L2/3. The number of levels being requested is in excess of that which could be considered medically necessary. Additionally, the claimant has already had testing at the L4/5 level which would not need to be repeated. The request is not medically necessary.