

Case Number:	CM15-0205393		
Date Assigned:	10/22/2015	Date of Injury:	10/13/2010
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 13, 2010. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve a request for a lumbar discogram. The claims administrator referenced a September 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an appeal letter dated October 13, 2015, the attending provider reiterated his request for diskography as a precursor to pursuit of platelet-rich plasma injections for the lumbar spine. On September 29, 2015, the applicant reported ongoing complaints of low back, hip, and buttock pain. The applicant denied any lower extremity paresthesias. The applicant was on Norco for pain relief, the treating provider acknowledged. The applicant was described as having multi-level degenerative disk disease present on earlier undated lumbar MRI imaging. The attending provider suggested pursuit of diskography as a precursor to pursuit of platelet-rich plasma injection therapy. The applicant was described as very debilitated, suggesting that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthetic discogram at L5-S1, L4-5 and L3-4: 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 (updated 09/22/2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: No, the request for a discogram at L5-S1, L4-L5, and L3-L4 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, diskography, i.e., the article at issue, is deemed not recommended. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of diskography in the face of the unfavorable ACOEM position on the same. It was not clearly stated or clearly established why, how, and/or if the diskography could serve as a precursor to pursuit of platelet-rich plasma injection therapy. Therefore, the request was not medically necessary.