

Case Number:	CM15-0020194		
Date Assigned:	02/09/2015	Date of Injury:	07/19/2012
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 39 year old male, who sustained an industrial injury on July 19, 2012. The diagnoses have included lumbar sprain, disc herniation lumbar spine, radiculopathy lumbar, and facet arthropathy/hypertrophy and status post repair inguinal hernia. Currently, the injured worker complains of low back pain that is worse and has constant moderato to sever pain radiating down his legs to his fee, with numbness and tingling of the legs right greater than left. In a progress note dated December 23, 2014, the treating provider reports straight leg raise test positive bilaterally symptoms greater on the right, he reports [pain radiates down the posterior aspect of the leg to the level of his foot, active straight leg and knee to chest test both positive. On January 9, 2015 Utilization Review non-certified a lumbar discogram with psyche clearance, L5-S1, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram with Psyche Clearance, L5- S1: Upheld

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

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

Decision rationale: ACOEM, Chapter 12 on page 303 notes, "Discography is not recommended for assessing patients with acute low back symptoms." The injury was on 07/19/2012 and there is no documentation that a fusion is being considered. The patient had a MRI in 2012 and there is no documentation that he is a surgical candidate at this point in time. Discography has many false positive and false negative results to be medically necessary for the management of this patient. There is no indication for a separate psych clearance and the requirement of a psych clearance to interpret a diagnostic test also calls into question the efficacy of the testing method.