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| Case Number: | CM15-0020399 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 11/03/2011 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/19/2015 |
| 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, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old individual with an industrial injury dated 11/03/2011. The mechanism of injury is documented as a rear-end collision where a car struck her from behind in a stop and go traffic while she was traveling in a company car for work. She was having severe pain in her spine and neck that radiated into her right trapezius muscle on presentation 09/15/2014. The injured worker presented on 11/17/2014 for her initial postoperative visit. She was status post anterior cervical discectomy and fusion on 11/04/2014. Incisions were healing well and x-rays showed the hardware and bone graft in good position. Prior treatments include physical therapy, acupuncture, chiropractic manipulation, spinal decompression, treatments, epidural steroid injection and pain medication management. Diagnosis was status post anterior cervical discectomy and fusion of cervical 5-6 on 11/04/2014 and lumbar spondylosis with disc herniation at lumbar 5-sacral 1. On 01/19/2015, the request for discogram at lumbar 5-sacral 1 with lumbar 3-4 was denied by utilization review. ACOEM was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at L5-S1 with L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 280-322.

Decision rationale: 42 y.o. with chronic LB. MTUS criteria for lumbar fusion not met. There is no documented instability, fracture, or tumor. Since surgery is not needed and fusion is not indicated, then discogram is not medically needed. Discogram is only a test done prior to lumbar fusion. Since fusion not needed, discogram not needed.