

Case Number:	CM15-0044566		
Date Assigned:	03/17/2015	Date of Injury:	10/03/2012
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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 36-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 3, 2012. In a Utilization Review Report dated February 24, 2015, the claims administrator failed to approve a request for a multilevel lumbar discogram. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. The claims administrator referenced a progress note of February 11, 2015 and a lumbar MRI study of January 29, 2015 in its determination. Said lumbar MRI of January 29, 2015 was reportedly notable for moderate to severe neuroforaminal narrowing at the L4-L5 level. The applicant's attorney subsequently appealed. In an RFA form dated February 11, 2015, the attending provider did seek authorization for a lumbar discogram. In an associated progress note of the same date, the applicant reported ongoing complaints of low back pain radiating to the left leg. The attending provider acknowledged that the applicant had a confirmed diagnosis of left L4-L5 radiculopathy but stated that he nevertheless wished to perform discography. It was not clearly stated for what purpose discography was being proposed. The applicant was given a 40-pound lifting limitation. It did appear that the applicant was working with said limitation in place; it was suggested in at least one section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Anesthetic Discogram (Lumbar) L3-4, L4-5 Disc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic), Discoblocks chapter & Functional anesthetic discography chapter (FAD).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: No, the proposed lumbar discogram at L3-L4 and L4-L5 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, discography, the article at issue, is deemed "not recommended." Here, it is further noted that the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. The attending provider acknowledged on February 11, 2015 progress note that the applicant had had earlier lumbar MRI imaging demonstrating moderate to severe neuroforaminal stenosis at the left L4-L5 level. The attending provider stated that the applicant had a clinically evident, radiographically confirmed lumbar radiculopathy, seemingly obviating the need for the request at hand. Therefore, the request was not medically necessary.