

Case Number:	CM15-0045633		
Date Assigned:	04/13/2015	Date of Injury:	01/04/2010
Decision Date:	05/04/2015	UR Denial Date:	02/18/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 41-year-old male, who sustained a cumulative industrial injury from January 2009 through January 2010. He reported low back pain. The injured worker was diagnosed as having lumbar 4-5 herniated disc, status post hemilaminectomy and discectomy. Treatment to date has included radiographic imaging, diagnostic studies, and surgical intervention of the lumbar spine, epidural steroid injections, conservative therapies, medications and work restrictions. Currently, the injured worker complains of worsening low back pain radiating into the left leg. The injured worker reported an industrial injury from 2009-2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 12, 2015, revealed continued pain. Lumbar 3 through Sacral 1 provocative discography was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 Provocative Discography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: The ACOEM chapter on low back pain and discography states: Despite the lack of strong medical evidence supporting it, discography is common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration. Failure of conservative treatment. Satisfactory results from detailed psychosocial assessment. (Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) Is a candidate for surgery. Has been briefed on potential risks and benefits from discography and surgery. All the criteria as cited above have not been met in review of the clinical documentation provided. Therefore, the request is not medically necessary.