

Case Number:	CM15-0049937		
Date Assigned:	03/23/2015	Date of Injury:	03/19/2012
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 19, 2012. In a Utilization Review report dated February 19, 2015, the claims administrator failed to approve a request for multilevel lumbar discogram. The claims administrator invoked non-MTUS ODG Guidelines to deny the topic, despite the fact that the MTUS addressed the same. An office visit of October 6, 2014 was also referenced in the determination. On October 6, 2014, the applicant was described as having ongoing complaints of low back pain with residual radicular pain complaints status post earlier failed lumbar decompression surgery. The applicant had undergone unsuccessful spinal cord stimulator trial. 9/10 low back pain complaints radiating to the bilateral legs, left greater than right, were reported. The attending provider stated that he is seeking authorization for a provocative discogram, noting that the applicant had had MRI imaging demonstrating multilevel degenerative disk disease several years prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L3-S1 with moderate sedation: 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.

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

Decision rationale: No, the request for a multilevel lumbar discogram was not medically necessary, medically appropriate or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309, discography, the article at issue, is deemed not recommended. Here, the attending provider did not furnish a clear or compelling applicant-specific rationale for selection of discography in the face of the unfavorable ACOEM position on the same. It was not stated why discography was being pursued as the applicant already carried established diagnoses of degenerative disk disease and/or lumbar radiculopathy. Therefore, the request was not medically necessary.