MAXIMUS Federal Services

Case Number:	CM15-0054370		
Date Assigned:	03/27/2015	Date of Injury:	10/11/2003
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, California
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 56-year-old male who sustained an industrial injury on October 11, 2013. He has reported low back pain and has been diagnosed with bilateral L4 radiculopathy, low back pain, lumbosacral spondylosis without myelopathy, status post L3-4 discectomy, decompression, posterior interbody fusion with alograft and bone morphogenic protien, and posterolateral instrumented fusion. Treatment has included physical therapy, injection, surgery, and medications. Currently the injured worker had marked tenderness over the bilateral L1-2 and L2-3. There was also marked right ilio-lumbar and right sacroiliac ligament tenderness. The treatment request included L2-3, L4-5, L5-S1 provocative pressure monitored discography.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3, L4-5 and L5-S1 provocative pressure monitored discography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines- low back chapter and pg 25.

Decision rationale: According to the guidelines, discography is not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion.In this case, the claimant had spinal L3-L4 fusion, diskectomy. A diagnostic MBB was performed due to persistent pain but was found to be negative. Additional request was made for L2-3, L4-5 and L5-S1 provocative pressure monitored discography to determine the level of the pain. The claimant had an MRI on 2/26/15 indicting the anatomy of pain. In addition, there was no plan for additional surgery. The guidelines do not support the procedure. The discography is not medically necessary.