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| Case Number: | CM15-0057835 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 02/13/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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 47 year old male injured worker suffered an industrial injury on 02/13/2013. The diagnoses included lumbar discogenic disease and cervical discogenic pain. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with physical therapy, medications. On 2/10/2015 the treating provider reported the QME provider recommended the injured worker most likely is a surgical candidate however would need a discogram to determine is surgery would be beneficial. The magnetic resonance imaging revealed multiple lumbar disc bulges with nerve encroachment. On exam there was a gait impairment, with decreased sensation and decreased strength on the left lower extremity with significant weakness. The treatment plan included Discogram L3-L4, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 - 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: Both the ACOEM and ODG do not recommend the requested service. The ODG states the requested service may be indicated if the procedure would result in the decision for a non-operative intervention. The accuracy of the service remains uncertain and suspect. The clinical documentation does not support this indication and therefore the request is not medically necessary.