

Case Number:	CM13-0035153		
Date Assigned:	12/13/2013	Date of Injury:	11/20/2006
Decision Date:	02/25/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is Fellowship trained in Spine Surgery and is licensed to practice in Texas and California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old male who reported an injury on 11/20/2006. The mechanism of injury was not provided for review. The patient developed chronic back pain that was managed with physical therapy, medications, and a home exercise program. The patient's most recent clinical evaluation determined that the patient had a positive straight leg raising test on the left side and decreased sensation of the left lower extremity. The patient's diagnoses included a lumbosacral sprain/strain with left lower extremity radiculopathy and a cervical spine sprain/strain with left upper extremity radiculopathy. The patient's treatment plan included surgical intervention, an MRI, a discogram, and continuation with medications and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The Physician Reviewer's decision rationale: The requested Lumbar discogram is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has radicular symptoms. The American College of Occupational and Environmental Medicine does not support the use of discography with a preoperative indication for spinal surgery or fusion. Additionally, the documentation submitted for review does not provide evidence that the patient is a surgical candidate. As such, the requested Lumbar discogram is not medically necessary or appropriate.