

Case Number:	CM14-0125144		
Date Assigned:	08/11/2014	Date of Injury:	12/21/2011
Decision Date:	12/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/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 31 year old female with date of injury 12/21/2011. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain with radiation of the pain to the bilateral lower extremities since the date of injury. She has been treated with physical therapy, medications and epidural steroid injection. MRI of the lumbar spine performed in 06/2012 revealed disc disease with neuroforaminal narrowing at L5-S1. Objective: decreased and painful range of motion of the lumbar spine. Diagnoses: lumbar disc degeneration, lumbar radiculopathy. Treatment plan and request: lumbar discogram of L1-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram at L1-L3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 304 and 305.

Decision rationale: This 31 year old female has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury 12/21/2011. She has been treated

with physical therapy, medications and epidural steroid injection. The current request is for lumbar discogram at L1-3. Per the MTUS guidelines cited above, discography/discogram should be reserved only for those patients who meet the following criteria (1) Back pain of at least three months duration. (2) Failure of conservative treatment. (3) 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.) (4) Is a candidate for surgery? (5) Has been briefed on potential risks and benefits from discography. The available medical records fail to include documentation that criteria (3) and (4) above have been met. That is, there is no documentation of a psychological assessment and there is no discussion regarding candidacy for surgery or a planned surgical procedure. On the basis of the above cited MTUS guidelines and the available medical documentation, discogram at L1-3 is not indicated as medically necessary.