

Case Number:	CM14-0126574		
Date Assigned:	08/13/2014	Date of Injury:	01/08/2010
Decision Date:	10/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Medicine and is licensed to practice in 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 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:

This is a 53 year old female who had a date of injury on 1/8/2010. Patient was moving a section of steel in boxes and upon completion noticed increased lower back pain when she got home. Medical records dated 6/13/14 state that the patient has increased low back pain. MRI showed multilevel disk protrusions and an EMG showed radiculopathy. Diagnosis includes Lumbar Disk Herniation with Radiculitis/Radiculopathy, Thoracic strain/sprain, Anxiety, Depression and Insomnia. Patient has had physical therapy, medications including Motrin, Zantac and Ambien, and an epidural injection with minimal pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram of the lumbar spine at level L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: According to guidelines it states one of the requirements for diskography is for patients to have satisfactory results from detailed psychosocial assessment. Diskography 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. According to this patients medical records it states she has depression and anxiety and based on this alone would make a Discogram not medically necessary.