

Case Number:	CM14-0129850		
Date Assigned:	09/16/2014	Date of Injury:	04/21/2000
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 36 year old male who was injured on 4/21/2000. The diagnoses are lumbar radiculopathy, lumbar kyphosis. The available report indicated that on 7/11/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities. There was associated numbness and weakness of the lower extremities. The pain score was rated as 7/10 on a scale of 0 to 10. There is no detail on failed conservative management or that spinal fusion is being planned. A Utilization Review determination was rendered on 7/24/2014 recommending non certification for L3 to S1 discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar discogram from L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66, 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back Pain. Discogram

Decision rationale: The CA MTUS and the ODG guidelines recommend that discogram may be beneficial if supplementary information is necessary prior to scheduling spine surgery. It is

recommended that discogram be utilized when conservative management have failed. The use of discogram may be associated with chronic back pain and worsening of disc symptoms. There is limited diagnostic value in patients with significant psychosomatic disorders because of high incidence of false positive reports. The available records did not show that the patient have failed conservative management. The records did not show that the patient is being worked up for surgery or that psychosomatic disorders have been excluded. The criteria for the L3 to S1 discogram was not met.