

Case Number:	CM14-0146277		
Date Assigned:	09/12/2014	Date of Injury:	04/21/2000
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 36 year old male who sustained a work injury on 4-21-00. Medical Records reflect the claimant has chronic low back pain. Office visit from 4-25-14 notes that the orthopedic surgeon reported he continued to recommend lumbar discogram. On exam, the claimant has tenderness to palpation, strength was 5/5, and range of motion was decreased with pain. The claimant was continued with medications which included Protonix, Motrin, and Norco. He is currently being treated with medications. There has been a recommendation for L4-L5 anterior posterior fusion after a discogram is performed.

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 with negative control: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305, 66, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back (Lumbar & Thoracic) Acute and Chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Lumbar & Thoracic - discography

Decision rationale: ACOEM Guidelines reflect that discography whether performed as a solitary test or when paired with imaging (e.g., MRI), is moderately not recommended for radicular pain syndromes. ODG reflects that discography is not recommended. This form of treatment is not supported per current treatment guidelines. There are no extenuating circumstances to support not following treatment guidelines. Therefore, the medical necessity of this request is not established.