

Case Number:	CM14-0173668		
Date Assigned:	10/24/2014	Date of Injury:	09/30/2013
Decision Date:	12/03/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

The injured worker is a 54 year old male with date of injury 9/30/13 with related back pain. Per progress report dated 8/29/14, the injured worker reported that it hurt to do anything; bending over to tie his shoes, taking showers and getting dressed. Pain was constant and exacerbated at times. Per physical exam, limited range of motion due to pain was noted. No spasms present. Treatment to date has included physical therapy and medication management. Per lumbar MRI report dated 12/4/13: Impression: No evidence for high-grade lesion at this time with evidence for developing degenerative lumbar spondylosis with central canal stenosis approaching moderate at the L3-4 level. No fracture or additional abnormality detected. The greatest degree of narrowing likely occurs at the right L4-5 level which, if symptomatic, would most likely give rise to an existing right L4 radiculopathy where there is probable moderate narrowing of the neural foramen. Treatment to date has included injection, physical therapy and medication management. The date of UR decision was 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and Proactive discography of the lumbar spine at the L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. However, per the Official Disability Guidelines with regard to discography: Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. Provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. As the procedure is not recommended, the request is not medically necessary.