

Case Number:	CM15-0004968		
Date Assigned:	01/26/2015	Date of Injury:	12/22/2010
Decision Date:	03/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 12/22/2010 due to an unspecified mechanism of injury. On 11/19/2014, he presented for an evaluation regarding his low back pain. He complained of pain in the lower back with radicular symptoms into the right and left leg. He rated his symptoms at a 7/10 and stated that he was getting worse. A physical examination showed lumbar range of motion of flexion of 50 degrees, extension of 20 degrees, lateral bending to the right and left at 20 degrees, and straight leg raise was positive on the right and left. There was tightness and spasm in the lumbar paraspinal musculature noted. There was hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level bilaterally, and weakness with big toe dorsiflexion and picked plantarflexion bilaterally. Reflexes in the ankles were 1+ and in the knees a 2+. He was diagnosed with segmental instability postlaminectomy at the L4-5 and L5-S1 with radiculopathy, status post left knee arthroscopic surgery, and dental wear and tear. The treatment plan was for a discogram at the L2-3, L3-4, L4-5, and L5-S1 for diagnostic purposes to evaluate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Discogram L2-3, L3-L4,L4-L5,and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state that discography is not recommended for assessing those with acute low back symptoms. It is also stated that imaging studies are for those who fail conservative care. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the low back. However, there is a lack of documentation showing that he has recently undergone any conservative care to address his low back symptoms and support the request for discography. In addition, ACOEM does not recommend discography for assessing low back symptoms. Therefore, the request would not be supported. As such, the request is not medically necessary.