

Case Number:	CM15-0113584		
Date Assigned:	06/22/2015	Date of Injury:	03/17/2008
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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, Hawaii

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 52 year old female, who sustained an industrial injury on 3/17/08. She reported pain in her lower back after lifting a heavy object. The injured worker was diagnosed as having failed back surgery syndrome and lumbar facet arthroscopy. Treatment to date has included an EMG/NCS with some changes in the serial nerve consistent with chronic L5 or S1 radiculopathy, a lumbar fusion at L5-S1 in 2010 with temporary relief, physical therapy and a lumbar MRI on 9/24/12 showing a disc protrusion at L4-L5. As of the PR2 dated 5/18/15, the injured worker reports severe back pain and leg pain. The treating physician noted that the injured worker should have a lumbar fusion if the level above her fusion be pain reproductive on discography. The treating physician requested a lumbar discogram with CT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram with CT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 04/15/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back chapter, Discogram.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Lumbar discogram with CT. The treating physician report dated 5/18/15 (31B) states, "I would like to do a discogram at the L3-4 and L4-5 level and possibly L2-3. She is presently under the care of pain management because of the severe unrelenting pain and my concern is that she has a transitional syndrome above the level of the fusion and has developed facet joint arthrosis at both L3-4 and L4-5 and the discogram is a very helpful tool for evaluating whether additional surgery would be beneficial". The ACOEM guidelines state that discography for assessing acute, subacute, or chronic low back pain or radicular pain syndromes is not recommended. The ODG guidelines state that discography is not recommended, but that discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not allow fusion). In this case, there is no decision for a spinal fusion and the treating physician has only stated that the patient may be a candidate for a lumbar fusion. The current request does not satisfy the ACOEM or ODG guidelines. The current request is not medical necessary.