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| Case Number: | CM15-0119849 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 07/16/2013 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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
 Certification(s)/Specialty: Emergency Medicine

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 61 year old male, who sustained an industrial injury on July 16, 2013. He reported injuries to his bilateral wrists, thoracic spine, lumbar spine and neck after a fall. Treatment to date has included aquatic therapy, medications, chiropractic therapy, MRI of the lumbar spine and work modifications. Currently, the injured worker complains of constant aching burning pain in the low back with radiation of pain to the bilateral lower extremities. He reports numbness in the right foot and tingling in the right lower extremity. He has constant aching pain in the center of his mid-back/dorsal spine region just inferior to his shoulder blades. He reports that his pain is aggravated with bending and twisting and alleviated with lying down in a flexed knee and hip position. On physical examination, the injured worker ambulates with a normal gait. There was no abnormality of the spinal curvature. He has tenderness to palpation over the supraspinous ligament with no paralumbar muscle spasm. An MRI of the lumbar spine on October 14, 2014 revealed mild canal, moderate left and mild-to-moderate right-side foraminal stenosis at L5-S1, mild canal, and mild-to-moderate bilateral foraminal stenosis at L3- 4 and L4-5. The diagnoses associated with the request include lumbosacral myoligamentous sprain/strain, aggravation of discogenic mechanical low back pain, aggravation of left lumbar radiculopathy with spinal stenosis and mid-dorsal myoligamentous sprain/strain with residual thoracic myofascial pain. The treatment plan includes a request for L4-5 and S1 discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and S1 Discogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation ODG: Low back: Discography.

Decision rationale: As per MTUS ACOEM guidelines, recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Official Disability Guidelines also do not support Discography. Discography is not recommended.