

Case Number:	CM15-0125455		
Date Assigned:	07/10/2015	Date of Injury:	07/21/2012
Decision Date:	08/05/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (n) 40 year old male, who sustained an industrial injury on 7/21/12. He reported injury to his tailbone, back; mid-back, neck and head after a waterline broke at struck the injured worker. The injured worker was diagnosed as having lumbar back pain, thoracic back pain and neck pain. Treatment to date has included a thoracic epidural injection in 10/28/2014, physical therapy, a lumbar epidural injection on 10/8/14, chiropractic treatments and a TENs unit with no benefit. On 3/16/15, the injured worker reported pain in the thoracic and lower back and occipital neck pain. The treating physician noted a positive straight leg raise test and restricted lumbar range of motion. As of the PR2 dated 5/20/15, the injured worker reports miserable headaches and dizziness with certain movements. The treating physician requested a lumbar discography.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Discography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66.

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

Decision rationale: The ACOEM chapter on low back pain states: Despite the lack of strong medical evidence supporting it, discography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; Satisfactory results from detailed psychosocial assessment. (Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided); Is a candidate for surgery; Has been briefed on potential risks and benefits from discography and surgery. Review of the provided clinical documentation does not show complete failure of conservative therapy and psychological evaluation. Therefore, the request is not certified.