

Case Number:	CM15-0039739		
Date Assigned:	03/10/2015	Date of Injury:	07/03/2005
Decision Date:	06/26/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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 51-year-old female, who sustained an industrial injury on 7/3/2005. The current diagnoses are low back pain, status post lumbar discectomy at L5-S1. According to the progress report dated 12/30/2014, the injured worker complains of ongoing low back pain with radicular symptoms down her lower extremities. The pain is rated 4/10 with medications and 8/10 without. There were no new objective findings noted. The current medications are Nucynta, Voltaren, Prilosec, Zoloft, and Ambien. Treatment to date has included medication management, x-rays, MRI studies, lumbar block, and surgical intervention. MRI dated 9/29/2014 shows degenerative discs at L3-4 and L5-S1, degenerative joint disease at L3-L4 facets, left laminectomy at L5-S1 with epidural fibrosis at the laminectomy site and surrounding the left S1 nerve, small paracentral disc at L5-S1, and a tear at the posterior annulus on the left L4-L5. The plan of care includes computed tomography discogram L2-3, L3-4, L4-5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient CT discogram L2-L3, L3-L4, L4-L5, L5-S1: Upheld

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

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

Decision rationale: The ACOEM chapter on low back complaints and discography states: Despite the lack of strong medical evidence supporting it, diskography 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. (Diskography 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 diskography and surgery. All criteria as outlined above have not been met in the provided clinical documentation for review. Therefore, the request is not medically necessary.