

Case Number:	CM15-0048454		
Date Assigned:	03/20/2015	Date of Injury:	01/15/2010
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 1/15/10. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar post laminectomy syndrome status post three level fusion on 1/10/12, medication induced gastritis, removal of posterior fusion hardware, and hypertension. Treatments to date have included status post fusion, home exercise program, oral pain medication, oral analgesics, proton pump inhibitor, and trigger point injections. Currently, the injured worker complains of pain in the lower back with radiation to the right lower extremity. The plan of care was for diagnostics and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram with CT scan: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ? Lumbar & Thoracic (Acute & Chronic), discography.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic low back pain. Treatment have included a lumbar fusion with subsequent hardware removal. Her surgeon does not recommend further surgery. Although generally not recommended, if coverage for discography is being considered, criteria include that it be intended as screening tool to assist surgical decision making. In this case, no further surgery is being recommended and therefore the request is not medically necessary.