MAXIMUS Federal Services

Case Number:	CM15-0070029		
Date Assigned:	04/17/2015	Date of Injury:	11/12/2013
Decision Date:	06/25/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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: 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 40 year old male, who sustained an industrial injury on November 12, 2013. He reported low back pain. The injured worker was diagnosed as having lumbar disc desiccation and protrusions and persistent back pain with right lumbar radicultis. Treatment to date has included diagnostic studies, conservative care, epidural steroid injections, medications and work restrictions. Currently, the injured worker complains of chronic low back pain.
The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported little benefit with previous steroid injections. Evaluation on January 15, 2015, revealed continued pain, a hard time moving around and a pain flare-up. He was treated with a Toradol injection. A lumbar discogram and post-procedure diagnostic study were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 lumbar discogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The requested L3-L4 lumbar discogram, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Discography, Pages 303-304, note that discography is only recommended if the injured worker is a current candidate for fusion, and has a psychological evaluation. The injured worker has chronic low back pain. The treating physician has not documented exam or diagnostic evidence that the injured worker is currently a surgical candidate for fusion, nor has had a current psychological evaluation. The criteria noted above not having been met, L3-L4 lumbar discogram is not medically necessary.

L4-L5 lumbar discogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The requested L4-L5 lumbar discogram, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Discography, Pages 303-304, note that discography is only recommended if the injured worker is a current candidate for fusion, and has a psychological evaluation. The injured worker has chronic low back pain. The treating physician has not documented exam or diagnostic evidence that the injured worker is currently a surgical candidate for fusion, nor has had a current psychological evaluation. The criteria noted above not having been met, L4-L5 lumbar discogram is not medically necessary.

L5-S1 lumbar discogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The requested L5-S1 lumbar discogram, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Discography, Pages 303-304, note that discography is only recommended if the

injured worker is a current candidate for fusion, and has a psychological evaluation. The injured worker has chronic low back pain. The treating physician has not documented exam or diagnostic evidence that the injured worker is currently a surgical candidate for fusion, nor has had a current psychological evaluation. The criteria noted above not having been met, L5-S1 lumbar discogram is not medically necessary.

Post-procedure CT scan of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested Post-procedure CT scan of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has chronic low back pain. The treating physician has not documented exam or diagnostic evidence that the injured worker is currently a surgical candidate for fusion, nor has had a current psychological evaluation. The criteria not having been met, the request for Post-procedure CT scan of the lumbar spine is not medically necessary.