MAXIMUS Federal Services

Case Number:	CM14-0148030		
Date Assigned:	09/18/2014	Date of Injury:	03/09/2008
Decision Date:	10/20/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 9, 2008.Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; and reported return to regular duty work.In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for a referral for lumbar diskography. The claims administrator invoked non-MTUS 2007 ACOEM Guidelines and non-MTUS ODG guidelines.The applicant's attorney subsequently appealed.In a May 7, 2013 progress note, the applicant was described as working regular duty as a firefighter and tolerating the same appropriately. The applicant was using Norco and Soma to use on an as-needed basis for pain relief, it was stated.On August 27, 2014, the applicant again reported persistent complaints of low back pain, 2-5/10. The applicant was working regular duty and using Soma, Norco, and Motrin, it was stated. The applicant was again returned to regular duty work. The applicant was asked to begin a regular exercise program. A referral for lumbar diskography was sought.On July 10, 2014, the applicant again presented with persistent complaints of low back pain, non-radicular. The applicant was using Motrin, Norco, and Soma. MRI imaging of the lumbar spine of June 27, 2014 was notable for degenerative disk disease at L5-S1 with mild foraminal stenosis and no evidence of central canal narrowing. The applicant was asked to obtain a referral to another physician to obtain a diskogram. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for a consult for lumbar diskogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 66-67.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, diskography, the article at issue, is deemed "not recommended." In this case, the attending provider did not outline any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. It was not stated that for what purpose the applicant was considering a diskogram. It was not stated that the applicant was considering or contemplating any kind of surgical intervention. The attending provider did not make any attempt to reconcile the request for diskography with the largely negative lumbar MRI imaging of June 27, 2014, the applicant's already successful return to regular work, and relatively low-grade pain complaints. Therefore, the request is not medically necessary.