

Case Number:	CM13-0002346		
Date Assigned:	07/31/2013	Date of Injury:	07/12/2011
Decision Date:	01/02/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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.

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 underlying date of injury in this case is 07/12/2011. The primary treating diagnosis is a lumbosacral sprain. The patient is a 49-year-old woman who previously underwent MRI imaging demonstrating degenerative anterolisthesis at L4-L5 with severe degenerative changes of the facets and possibly a subtle fracture as well as a possible protrusion impact in the L3 nerve. The patient has reported ongoing low back pain with occasional right leg pain. Current diagnoses include L4-L5 spondylosis, stenosis, and spondylolisthesis. An initial physician reviewer noted that guideline criteria for a repeat lumbar MRI had not been met because there was no evidence of recent conservative treatment and because there was no evidence of significant neurological progression. This reviewer also noted that discograms were not felt to be accurate enough to support clinical utility. A treating spine surgeon note of 07/08/2013 reports that the patient had the diagnosis of L4-L5 spondylosis with stenosis and spondylolisthesis. A neurological exam of the lower extremities was intact. The patient was noted to have continued low back and right sciatic leg pain with underlying facet arthropathy, degenerative spondylolisthesis, and stenosis. The surgeon indicated that the patient was considering surgery and that an MRI was almost 2 years old, and therefore he recommended an MRI and possible preoperative discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram L3-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, discography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

Decision rationale: ACOEM Guidelines, Chapter 12 Low Back, page 309, states, "Imaging...not recommended: Discography or CT discography." Additionally I note that Official Disability Guidelines/Treatment of Workers' Compensation/Low Back states regarding discography, "Not recommended...The conclusion of recent high-quality studies in discography have significantly questioned the use of discography results as a preoperative indication." A review of the medical records submitted do not provide an alternate rationale for this request. The request for a Lumbar discogram L3-S1 is not medically necessary and appropriate.

Lumbar MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: A review of the records provided indicates that a prior physician reviewer noted guidelines for repeat MRI imaging in Official Disability Guidelines/Treatment of Workers' Compensation/Low back states under MRIs, "Repeat MRIs are indicated only if there has been progression of neurological deficit." However, I note as well with applicability to this particular case, ACOEM Guidelines Chapter 12 Low Back page 309 recommends MRI imaging, "when cauda equina, tumor, infection or fracture are strongly suspected and plain film radiographs are negative." This is a complex case in which a fracture has previously been considered and currently surgery is being considered not necessarily specifically for a disc lesion but also for possible underlying spondylolisthesis which may require a fusion. In other words, this patient potentially could require surgery not for neurological reasons but at least in part for mechanical reasons. Given that the patient is currently being considered for surgery but the MRI imaging is almost 2 years old, repeat imaging would be indicated as far as presurgical planning and is consistent with treatment guidelines which discuss mechanical factors as an indication for MRI imaging. The request for a Lumbar MRI is medically necessary and appropriate.