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| Case Number: | CM13-0008833 | | |
| Date Assigned: | 03/07/2014 | Date of Injury: | 11/24/2008 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 08/07/2013 |

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 52-year-old female with a reported date of injury on 11/24/2008. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of low back pain. The lumbar spine MRI dated 02/06/2009 revealed a solid fusion at L5-S1, and moderate adjacent segment disease with broad-based protrusion at L4-5. The injured worker had an epidural steroid injection on 06/06/2013 with reported decreased pain by 50%. According to the clinical documentation dated 06/21/2013, the injured worker was referred for a psychological evaluation; however, there was no documentation related to the psychological evaluation available for review. The injured worker's diagnoses included status post fusion of the lumbar spine, and status post left shoulder surgery. The injured worker's medication regimen was not provided for review within the clinical information. The Request for Authorization for CT discogram L3-4 & L4-5 (using L304 level as the control level) was submitted on 08/07/2013. The rationale for the request was unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT DISCOGRAM L3-L4 & L4-L5 (USING L304 LEVEL AS THE CONTROL LEVEL):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM guidelines recommend that imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value. The clinical information provided for review lacks documentation of the injured worker's previous physical therapy. The MRI provided within the documentation for review does not demonstrate degenerative disc disease. Although the psychological evaluation has been requested, there is a lack of documentation provided related to the outcome of the psychosocial assessment. Additionally, Discography is not recommended per the ACOEM guidelines. Therefore, the request for CT/discogram at L3-4 and L4-5 (using L3-4 level as the control level) is not medically necessary.