

Case Number:	CM13-0015469		
Date Assigned:	10/08/2013	Date of Injury:	05/11/2006
Decision Date:	01/31/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/22/2013

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 Ohio and Texas. 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. 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 patient is a 61-year-old male who reported a work-related injury on 05/11/2006, as a result of strain to the lumbar spine. The patient currently presents for treatment of the following diagnosis: lumbar disc protrusion. The clinical note dated 11/19/2012 reports electrodiagnostic studies of the patient's bilateral lower extremities performed under the care of [REDACTED], [REDACTED]. The provider documents no abnormalities were revealed to include radiculopathy or peripheral nerve entrapment. MRI of the lumbar spine dated 10/12/2012 revealed: (1) congenital spinal canal stenosis at L1-4; (2) at the L2-3, a 2.8 mm circumferential disc bulge which mildly impresses on the thecal sac and produces mild bilateral neural foraminal narrowing; (3) at the L3-4, a 3.8 mm circumferential disc bulge which mildly impresses on the thecal sac; (4) at the L4-5 level, a 3.8 mm annular disc bulge which mildly impresses on the thecal sac; (5). L5-S1 a 2.8 mm circumferential disc bulge which mildly impresses on the thecal sac. The clinical note dated 06/26/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient, upon physical exam, reports tenderness to palpation, guarding and spasms to the paravertebral region bilaterally. Motor tests revealed 4/5 strength with flexion, extension and bilateral lateral bend. Range of motion was restricted due to pain and spasms. The provider recommended the patient undergo a Computerized Tomography (CT) discogram of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Tomography (CT) Discogram Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with lumbar spine pain complaints status post a work-related injury sustained in 2006. The provider documents a request for the patient to undergo a CT discogram of the lumbar spine. However, California MTUS/ACOEM indicates recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. Discography does not identify the symptomatic high intensity zone, and concordance of symptoms if the disc injected is of limited diagnostic value in non-back issue patients and inaccurate in chronic or abnormal psychosocial testing is noted and it can produce significant symptoms in controls more than a year later. The provider did not submit a rationale for the requested diagnostic study at this point in the patient's treatment. The patient presents status post his work-related injury of multiple years. It is unclear what the patient's recent course of treatment has been for his chronic pain complaints, and the clinical notes fail to evidence psychological evaluation of the patient prior to the requested procedure. Given all the above, the request for computerized tomography (CT) Discogram Lumbar Spine, is not medically necessary or appropriate.