

Case Number:	CM13-0019410		
Date Assigned:	12/11/2013	Date of Injury:	01/03/2011
Decision Date:	01/22/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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. 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:

This 54 year-old male sustained a low back injury from a fall on 1/3/11 while employed by [REDACTED] s/p left wrist Open Reduction Internal Fixation (ORIF) on 1/6/11 and mild compression L1 fracture without retropulsion or angulation of the spine. Per report dated 8/12/13 from [REDACTED], orthopedist, the patient has low back, bilateral leg pain rated 6-8/10 with swelling and sleep disruption. Clinical exam was noted to be unchanged objectively since previous visit where the patient received a lumbar epidural steroid injection (done by [REDACTED] on 8/1/13) that only provided 2 days of pain relief. Diagnoses included Lumbar degenerative disc disease; disc protrusion; stenosis; old L1 compression fracture. Treatment was for CT Discogram of the lumbar spine, medications, and TENS unit. MRI report of 6/18/13 demonstrated old compression fracture at L1; multiple level disc protrusion 2-3mm at L3-L4, L4-L5, L5-S1 with associated disc/endplate osteophyte complex, encroaching into the neural foramen indenting of thecal sac without significant canal stenosis. Report dated 8/26/13 from orthopedist, [REDACTED], non-certified the request for the lumbar Discogram citing guidelines criteria and lack of indication. There is a Cardio-Respiratory Diagnostic testing report dated 10/24/13 by [REDACTED], recommending further pulmonary/respiratory and cardiologic diagnostic testing due to the abnormalities including obstructions of airway. Per Urine drug testing on 10/14/13, results show positive for Alcohol, Nordiazepam, Oxazepam, Temazepam, and Tramadol

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Tomography (CT) Discogram of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: