

Case Number:	CM13-0019957		
Date Assigned:	10/11/2013	Date of Injury:	03/29/2010
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
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, has a subspecialty in pain medicine, and is licensed to practice in Oklahoma 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.

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 47-year-old female who reported an injury on 03/29/2010 after moving a patient which caused sudden onset of lower back pain. The patient underwent MRI that revealed disc bulging with annular tear at the L2-3 and L3-4 levels with right extraforaminal disc protrusion contacting the exiting right L3 nerve root. The patient underwent an EMG (electromyogram) that revealed chronic bilateral L5 radiculopathy with evidence of active axon loss on the right side. The patient's medications included naproxen, tramadol No. 3, and Lexapro. The patient has been treated conservatively with medications, modified activities, physical therapy, a home exercise program, a TENS unit, and multiple lumbar epidural steroid injections without significant benefit. Physical findings included tenderness and spasms to palpation of the lumbar paraspinal musculature, a positive straight leg raise test to the left, generalized muscle weakness secondary to pain on the left side of the low back, difficulty performing toe walk and heel walk maneuvers on the left, and range of motion eliciting 4/5 weakness on the left. The patient's diagnoses included lumbar sprain/strain, lumbar spine disc bulging with annular tear at L2-3 and L3-4, bilateral radiculopathy in the L5 distribution, and left hip trochanter bursitis. The patient's treatment plan included continued use of medications and discogram of the lumbar spine at L2-3, L4-5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

A discogram, L2-3, L4-5, L4-S1: Upheld

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

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

Decision rationale: The requested discogram at L2-3, L4-5, and L4-S1 is not medically necessary or appropriate. The clinical documentation does indicate the patient has failed to respond to multiple conservative treatments and continues to have significant pain that interferes with activities of daily living. The Low Back Complaints Chapter of the ACOEM Practice Guidelines states, "Discography may be used when fusion is a realistic consideration, and it may provide supplemental information prior to surgery." The patient is a surgical candidate; however, the clinical documentation submitted for review does not provide evidence the patient is a candidate for fusion surgery. Additionally, there is no psychosocial evaluation to support the patient is a good candidate for surgical intervention. The request for a discogram, L2-3, L4-5, L4-S1, is not medically necessary or appropriate.

Preoperative psychiatric clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The requested preoperative psychiatric clearance is medically necessary and appropriate. The clinical documentation does indicate the patient has not received significant functional benefit from conservative treatments. The patient has been evaluated by a spine specialist that has recommended surgical intervention. American College of Occupational and Environmental Medicine states, "Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standard tests such as the second edition of the Minnesota Multiphasic Personality Inventory (MMPI-2)." Although the patient does not meet the criteria for fusion, the patient is a surgical candidate and would benefit from psychological screening to improve postsurgical outcomes. The request for preoperative psychiatric clearance is medically necessary and appropriate.

Ultracet, 37.5mg, 80 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Section Page(s): 78.

Decision rationale: The patient does have ongoing low back complaints with radicular symptoms. California Medical Treatment Utilization Schedule recommends the ongoing use of

opioids for chronic pain management be supported by documentation of pain relief, objective documentation of increased functional benefit, monitoring of compliance to the prescribed medication schedule, and assessment of side effects. The clinical documentation submitted for review does indicate the patient has been on this medication for extended duration. However, the clinical documentation does not provide any evidence of increased functional benefit or pain relief as result of this medication. Therefore, continued use would not be supported. The request for Ultracet, 37.5mg, 80 count, is not medically necessary or appropriate.

Tylenol 3, 60 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Section Page(s): 78.

Decision rationale: The patient does have ongoing low back complaints with radicular symptoms. The Chronic Pain Medical Treatment Guidelines recommends the ongoing use of opioids for chronic pain management be supported by documentation of pain relief, objective documentation of increased functional benefit, monitoring of compliance to the prescribed medication schedule, and assessment of side effects. The clinical documentation submitted for review does indicate the patient has been on this medication for extended duration. However, the clinical documentation does not provide any evidence of increased functional benefit or pain relief as result of this medication. Therefore, continued use would not be supported. The request for Tylenol 3, 60 count, is not medically necessary or appropriate.