

Case Number:	CM13-0020009		
Date Assigned:	01/03/2014	Date of Injury:	02/17/2010
Decision Date:	03/27/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/04/2013

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 & 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:

The patient reported an injury on 02/17/2010. The mechanism of injury was noted to be the patient was attacked by a heifer on the job and was thrown into the air, compressed against a fence and hit by the full weight of the cow and then crushed several times by the weight of the cow, injuring his thoracic and lumbar spine and right shoulder. The patient was noted to have a lumbar discogram for chronic low back pain with MRI findings of disc bulge at T12 through L1 and the patient had symptomatic discs at T1-T11 and T11-12 for chest wall pain. T11-12 disc was the worst, but the disc morphology was normal at all levels T9-10 through L2-3; however, it was indicated the post discogram CT demonstrated at T12 through T1, a spread of omnipaque to the annulus suggesting an incomplete tear and the prior MRI showed HNP at that level and the patient was noted to be a candidate for lumbar spine surgery pending the myelogram results. The request was made for a lumbar discogram for the 3 lower levels and if L3-4 was abnormal, then L2-3 would be done. The patient's diagnosis was noted to include disc displacement with radiculitis in the lumbar region, and degeneration of the lumbar or lumbosacral intervertebral disc along with lumbosacral spondylosis without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Discography Three Lower Levels, if L3-4 abnormal then L2-3 to done: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Low Back Chapter, Discography.

Decision rationale: Official Disability Guidelines do not recommend discography and that it previously was used to be part of a pre-operative work up for patients, but that is no longer the case. The physician opined the patient needed a discogram for the lower levels of the spine as the disc morphology was normal at all levels T9-10 through L2-3 but post injection, the patient had a spread of omnipaque to the annulus suggesting an incomplete tear and the prior MRI showed HNP at that level and the patient's levels of surgery that would be performed would depend on the results. The patient had symptoms of low back pain. There was a lack of documentation to include exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 lumbar discography three lower levels, if L3-4 abnormal then L2-3 to be done is not medically necessary.