

Case Number:	CM13-0025894		
Date Assigned:	11/20/2013	Date of Injury:	12/09/2011
Decision Date:	01/17/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice, and is licensed to practice in 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 43-year-old male who reported an injury on 12/09/2011 after hitting a dip in the road while driving on the freeway causing sudden onset of mid back pain. The patient was treated conservatively with medications, physical therapy, and epidural steroid injections. The patient underwent an EMG that revealed evidence of lumbosacral radiculopathy. The patient received trigger point injections and acupuncture. An imaging study revealed the patient was status post L4-5 and L5-S1 disc prosthesis and posterior instrumentation with apparent osseous arthrodesis, a disc bulge at the L3-4 resulting in mild to moderate canal stenosis, neural foraminal narrowing at the L3-4 and L5-S1. There were no recent physical exam findings provided for review. The patient's diagnoses included lumbar spondylosis without myelopathy at the L3-4 level, degenerative disc disease and low back pain, pain in the thoracic spine, chronic pain syndrome, and lumbar stenosis at the L3-4. The patient's treatment plan included a discogram at the L2-3 and L3-4 followed by a post discogram CT to assist in surgical planning.

IMR ISSUES, DECISIONS AND RATIONALES

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

One functional anesthetic discography at L2-L3: Upheld

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

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

Decision rationale: The request for 1 functional anesthetic discography at L2-3 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has failed to respond to conservative treatments and is a surgical candidate. However, the American College of Occupational and Environmental Medicine recommends a detailed psychosocial assessment prior to this type of diagnostic intervention. Guidelines state, "Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection and therefore should be avoided." The clinical documentation submitted for review does not provide a detailed psychosocial assessment to support that the patient would be an appropriate candidate for discography. As such, the request for 1 functional anesthetic discography at L2-3 is not medically necessary or appropriate.

One functional anesthetic discography at L3-L4: Upheld

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

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

Decision rationale: The request for 1 functional anesthetic discography at L3-4 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has failed to respond to conservative treatments and is a surgical candidate. However, the American College of Occupational and Environmental Medicine recommends a detailed psychosocial assessment prior to this type of diagnostic intervention. Guidelines state, "Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection and therefore should be avoided." The clinical documentation submitted for review does not provide a detailed psychosocial assessment to support that the patient would be an appropriate candidate for discography. As such, the request for 1 functional anesthetic discography at L3-4 is not medically necessary or appropriate.

One post discogram CT scan: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.