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| Case Number: | CM13-0027935 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 12/18/2009 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in interventional spine 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 expert 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 36-year-old male with date of injury of 12/18/2009. The listed diagnoses per [REDACTED] dated 01/13/2014 consist of failed back syndrome, lumbar spondylosis, lumbar radiculopathy, myalgia, discogenic syndrome, NOS, status post L5-S1 microdiscectomy, status post interbody fusion L5-S1. According to this report, the patient continues to experience neuropathic pain that originates in the low back with radiation to the posterior aspect of the left lower extremity, not passing the knee, and through the posterior aspect of the entire right lower extremity. He notes that his pain is worse when sitting. He will be seeing [REDACTED] for postop evaluation. He states that he is tolerating Lyrica and Celebrex without issues or concerns. The patient rates his pain 6/10 on average with associated weakness, difficulty walking, balance problems, poor sleep, and fatigue. He describes his pain as sharp, pressure, nagging, pins and needles, aching, pinching, tender, stabbing, burning, shooting, shock-like, and exhausting. Examination of the lumbar spine shows a well-healed surgical scar. His gait is normal. Spine range of motion is 40 degrees flexion, 20 degrees extension, 45 degrees lateral bend bilaterally. There is moderate tenderness to palpation of the lower lumbar paraspinal muscles. There is minimal tenderness to palpation of the facet joints and minimal pain with facet loading. Piriformis muscle is nontender bilaterally. Motor exam is normal 5/5 bilaterally in the lower extremities. There is decreased sensation along the right lateral calf and top of right foot. Reflex exam is 2+/2 in the lower extremity bilaterally. Straight leg raise is negative. Patrick sign is positive on the left greater than the right. There is tenderness to the bilateral SI joint region, right greater than the left. The utilization review denied the request on 09/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM L3, L4 AND L5: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The patient is status post discectomy from 2012 and status post lumbar fusion from 2013. The treater is requesting a discogram from L3-L5. The ACOEM Guidelines page 304 on lumbar discogram states, recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET), annuloplasty, or fusion. Discography may be used where fusion is a realist consideration and it may provide supplemental information prior to surgery. For fusion surgery, ACOEM Guidelines page 307 do not support fusion surgery unless there is dislocation instability and spondylolisthesis. This patient underwent discectomy at L5-S1 in 2012 and lumbar fusion for L5-S1 on November 2013. The utilization review dated 09/12/2013 references an MRI of the lumbar spine dated 08/28/2013 that showed epidural granulation tissue to the right of the thecal sac at L5-S1 with extension to the right L5 neural foramen. Given that this patient does not present with an indication for fusion surgery, discogram is not indicated or supported by ACOEM guidelines. The request is not medically necessary.