

Case Number:	CM13-0028347		
Date Assigned:	11/27/2013	Date of Injury:	08/26/2009
Decision Date:	02/05/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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 request is for lumbar discogram L3 to S1 and physical therapy bilateral hands and wrists 2x6. This was denied by utilization review letter dated 08/16/2013. The rationale provided was that the documentation does not support a clear reason for discography, which is usually a fusion. There was no clear surgical plan or evidence of segmental instability and guidelines do not support discography as preoperative indication for fusion. For physical therapy, the recommendation was for certification of therapy 6 sessions, modified from the request of 12 sessions. Given the patient's recent carpal tunnel release, some course of physical therapy was reasonable per utilization review letter. [REDACTED] report from 07/31/2013 has the patient presenting with persistent hands and lumbar spine pain with the main concern lumbar spine. He was requesting physical therapy for right hand and wrist as recommended by [REDACTED] and also lumbar discogram per [REDACTED]. Subsequent reports 09/11/2013 shows that the patient completed physical therapy for right hand and wrist, which improved but has exacerbation of shoulder condition and continuous low back pain. Discogram was denied. Diagnostic impression showed that the patient had negative EMG/nerve conduction studies for bilateral hands, but the patient underwent right carpal tunnel release on 08/07/2012. A treating physician's report from 06/28/2013 states that the patient had MRI and EMG studies awaits [REDACTED]. [REDACTED] follow-up report per recommendations. The doctor has 05/10/2013 report. The patient has an appointment with [REDACTED] for QME who ordered MRI of lower extremity, lower extremity EMGs. Electrodiagnostic study report from 11/11/2010 is reviewed. These are of the upper extremities and they were normal findings. Agreed Medical Evaluation report from 05/06/2013 was reviewed. He described MRI of the lumbar spine which was obtained from 05/15/2013, and he appears to list the findings per radiologist, [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar discogram at L3-4 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98, 99.

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

Decision rationale: This patient presents with chronic low back pain. MRI of the lumbar spine from May of 2013 showed 3- to 4-mm left paracentral disk at L3-L4, extruded small disk measuring 3 mm at L5-S1. Subjective complaints have included persistent low back pain with radiation down into the lower extremities. No examination findings to suggest radiculopathy, such as motor or sensory losses. The treating physician, [REDACTED], has recommended lumbar discography from L2 to S1, based on AME recommendation by [REDACTED]. ACOEM Guidelines page 304 states, "Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value."

"Discography may be used where fusion is a realistic consideration and it may provide supplemental information prior to surgery." Therefore, ACOEM Guidelines suggest that discogram can be used where fusion surgery is a realistic consideration. For lumbar fusion surgery, page 307 of ACOEM Guidelines states, "Except for cases of trauma related spinal fracture with dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatments." This patient presents with degenerative disk condition, with small disk protrusion at L3-L4 and a small extruded disk at L5-S1. The patient does not present with any radiculopathies. The treater has asked for discography and believes that lumbar fusion is a realistic consideration. However, based on ACOEM Guidelines criteria for spinal fusion, degenerative lumbar spondylosis in the absence of spinal instability, degenerative spondylolisthesis, fusion surgery is not a realistic consideration. Therefore, lumbar discography is not indicated in this patient. Lumbar discography is not indicated on a routine basis for preoperative surgical planning of the lumbar spine. Recommendation is for denial.

physical therapy hands and wrists 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: This patient presents with persistent upper extremity symptoms. The patient is status post right carpal tunnel release from 2012. There are no physical therapy reports available for me to understand how much postoperative therapy this patient has received. The treater is recommending physical therapy 2 times a week for 6 weeks. This request has been modified to allow 6 sessions of therapy which it would appear that the patient has received on the 09/11/2013 report. The request at hand is for the entire 12 sessions as previously requested by the treating physician. MTUS Guidelines allow up to 10 sessions of physical therapy for neuritis, radiculitis type of symptoms. This patient appears to suffer from upper extremity wrist/hand symptoms for which the treater is requesting physical therapy. Twelve sessions requested exceed what is allowed by MTUS Guidelines for this type of condition, namely neuritis and radiculitis symptoms. MTUS Guidelines allow up to 10 sessions for myalgia/myositis type of symptoms as well. Given that the request exceeds what is allowed by MTUS Guidelines, recommendation is for denial.