

Case Number:	CM13-0032531		
Date Assigned:	12/18/2013	Date of Injury:	03/17/2013
Decision Date:	03/19/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopedic Surgery 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:

This is a 53-year-old male who sustained injury on 03/17/2013 to his lower back while he was lifting a 200-lb box with the help of another person. The treatment history includes physical therapy, medications, chiropractic treatment, and ESI x1. MRI of the lumbar spine dated 05/21/2013 showed bulging disc at L4-5 and L5-S1 with neural foraminal stenosis. EMG/NCS of lower extremities dated 09/26/2013 showed left L5 radiculopathy. A clinic note dated 07/24/2013 indicates he complained of excruciating pain in his lower back. He described his pain as severe, unable to sleep, and unable to walk worse with laughing and sudden movement. On physical exam, his gait was slow and unable to walk on tiptoes or his heels. Lumbar spine exam showed severe spasms and ROM was limited and painful. SLR was 40/45. The cross SLR was positive and tension test was positive. Adduction resistance test produced severe pain in the lower back. The treatment plan was dynamic discogram, followed by endoscopic micro-surgical laser discectomy of the lumbar spine for patient's pain and return to work in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynamic Discogram followed by endoscopic micro surgical laser discectomy lumbar:
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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Low Back - Lumbar & Thoracic (Acute & Chronic), Percutaneous Endoscopic Laser Discectomy (PELD).

Decision rationale: As per California MTUS guidelines discography is not recommended unless it meets the set criteria including satisfactory results from a detailed psychosocial assessment. Discography in patients with emotional and chronic pain problems have been linking to significant back pain for prolonged periods after injection and therefore should be avoided. There is no documentation that suggests a course of psychotherapy was undergone. Regarding the endoscopic micro surgical laser discectomy lumbar, California MTUS do not have appropriateness of this request and hence ODG have been consulted. As per ODG, it is not recommended given the extremely low level of evidence available and considered experimental at this time. Thus, the request for dynamic discogram followed by endoscopic micro surgical laser discectomy lumbar is non-certified.