MAXIMUS Federal Services

Case Number:	CM13-0045936		
Date Assigned:	12/27/2013	Date of Injury:	08/07/2012
Decision Date:	03/13/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 52 year old female who reported an incident on 08/07/2012. Review of the medical record reveals the patient's diagnoses include low back syndrome (724.2); scoliosis, other (737.39); lumbar myofascial sprain or strain (847.2); lumbar herniated nucleus pulposus (722.1); lumbar/lumbosacral disc degeneration (722.52). The most recent clinical note dated 01/06/2014 revealed the patient continues to have complaints of lumbar spine pain. She states the pain is radiating towards her left hip. The patient denies any numbness or tingling down her legs. Objective findings upon examination of the lumbar spine revealed minimal decrease in range of motion with flexion and extension; flexion noted at 90 degrees and extension noted at 20 degrees. There was no noted tenderness to the thoracic or lumbar paraspinous muscles; mild midline tenderness to the lumbar spine; 1+ paraspinous spasm noted to the lumbar spine; muscle strength noted at 5/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection procedure for discography each level, lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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), Low Back, Discography.

Decision rationale: Per California MTUS/ACOEM it is stated that discography is not recommended for assessing patients with acute low back symptoms. It was also noted that discography is not recommended by Official Disability Guidelines as well. Per Official Disability Guidelines, patient selection criteria for discography if a provider or payer agree to perform it anyway would include failure of recommended conservative treatment including active physical therapy. Within the most recent clinical note, the patient was to initiate physical therapy the day following the dated physical note. Therefore, there is no failure of recommended conservative treatment including active physical therapy at this time. Additional criteria for the use of discography per Official Disability Guidelines state that a single level testing is recommended; however, the request is for each level of the lumbar spine. As the information provided does not meet criteria per Official Disability Guidelines for the requested service, the request for an injection procedure for discography for each level, lumbar is non-certified.

Work hardening/condition; initial 2 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: Per California MTUS Guidelines, it is stated that criteria for admission to a work hardening program will be work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands. Upon physical examination, it was revealed that the patient have full lumbar range of motion and full strength. There is no documentation of any failure of other conservative therapies at this time such as non-opioid or opioid analgesics. There is also mention of the patient beginning physical therapy treatment the day after the clinical visit. Per California MTUS, it states that criteria will be after treater with an adequate trial of physical therapy or occupational therapy with improvement followed by a plateau, but not likely to benefit from continued physical therapy or occupational therapy or general conditioning. However, the patient is scheduled to start physical therapy the next day. The information provided within the medical record does not meet the criteria recommended by California MTUS Guidelines for admission to a work conditioning or work hardening program. Therefore, the request for a work hardening/condition initial 2 hours is non-certified.