MAXIMUS Federal Services

Case Number:	CM13-0050451		
Date Assigned:	03/31/2014	Date of Injury:	09/08/2009
Decision Date:	04/29/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/13/2013

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 & Rehabilitation 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 51 year old male who was injured on 09/09/2009 who strained his back lifting a toilet when he slipped and fell on a wet floor. Treatment history included medication, physical therapy and epidural steroid injections. Medication treatments include: Zanaflex 4 mg, Celebrex 200 mg, Neurontin 400 mg, Tramadol 50 mg, and Subutex 2 mg. Diagnostic studies reviewed include EMG/NCV dated 03/25/2013: The nerve conduction studies suggest partial left peroneal neuropathy at the fibular head. The Bipolar needle EMG shows findings of a right L5-S1 radiculopathy with features of subacute and chronic denervation and a left L4-L5 radiculopathy. A progress note dated 11/08/2013 documented the patient to have complaints of increased back pain radiating from low back including postero-lateral thigh and calf including the lateral, bottom and dorsal aspect of the foot low back down right leg. Medication side effects felt by the patient include patient is having allergic reaction to adhesive in the Butrans patch. Objective findings on exam included examination of the lumbar spine revealing range of motion is restricted with flexion limited to 10 degrees by pain, extension limited by pain, right lateral bending limited by pain and left lateral bending limited by pain. Spinous process tenderness noted on L4 and L5. Heel and toe walk are normal. Lumbar facet loading is positive on both sides. Straight leg raising test is positive on the right side sitting at 45 degrees. Babinski sign is negative. All lower extremity reflexes are equal and symmetric. A progress note dated 12/03/2013 documented the patient with complaints of increased pain radiating down from low back including postero-lateral thigh and calf including the lateral, bottom and dorsal aspect of the foot low back down right leg. Since his last visit quality of life has worsened. His activity level has decreased. Medication side effects felt by the patient include patient is having allergic reaction to adhesive in the Butrans patch. Objective findings on exam included examination of the lumbar spine revealing range of motion is restricted with flexion limited to 10 degrees by pain, extension limited by pain, right

lateral bending limited by pain and left lateral bending limited by pain. Spinous process tenderness noted on L4 and L5. Heel and toe walk are normal. Lumbar facet loading is positive on both sides. Straight leg raising test is positive on the right side sitting at 45 degrees. FABER test is positive. Babinski sign is negative. All lower extremity reflexes are equal and symmetric. Diagnoses were Low back pain syndrome, Lumbar disc degeneration, Lumbar spondylosis w/o myelo/Facet arthropathy, and Lumbar/Thoracic radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM OF THE LUMBER SPINE WITH CT SCAN: 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)Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), section on Discography.

Decision rationale: As per ODG, the criteria for discography are: back pain of at least 3 months duration; Failure of recommended conservative treatment including active physical therapy; An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection). In this case, this patient has chronic lower back pain with radiculopathy documented by EMG as well as x-ray findings of spondylosis at L2-3, retrolisthesis at L3-4 and mild segmental list at L4-5. He was diagnosed with lumbar radiculopathy, lumbar disc degeneration, lumbar spondylosis w/out myelopathy, facet arthropathy. There is documentation of consideration of surgical intervention and there was psychiatric evaluation recommended to determine surgical candidate. However, the ODG recommends a detailed psychosocial assessment should be done prior to consideration of discogram. The submitted medical records did not include a detailed psychosocial assessment for review and therefore the request is not medically necessary and appropriate.