

Case Number:	CM13-0066532		
Date Assigned:	01/03/2014	Date of Injury:	12/06/2009
Decision Date:	05/19/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 44-year-old male with a 12/6/09 date of injury. At the time (11/7/13) of request for authorization for a lumbar discogram at L2 and a CT scan at L2-S1, there is documentation of subjective (back pain) and objective (restricted lumbar spine range of motion) findings, current diagnoses (mechanical axial low back pain and lumbar spine sprain/strain), and treatment to date (medications). Medical report identifies a request for lumbar discography L2 to sacrum to check the quality of the discs and pain generators in detail. Regarding CT scan at L2-S1, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination; or a condition/diagnosis for which computed tomography is indicated (such as lumbar spine trauma: trauma, neurological deficit; lumbar spine trauma: seat belt (chance) fracture; myelopathy (neurological deficit related to the spinal cord), traumatic; myelopathy, infectious disease patient; evaluate pars defect not identified on plain x-rays; or evaluate successful fusion if plain x-rays do not confirm fusion).

IMR ISSUES, DECISIONS AND RATIONALES

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

A LUMBAR DISCOGRAM AT L2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MTUS reference to ACOEM Guidelines identifies that studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Therefore, based on guidelines and a review of the evidence, the request for a lumbar discogram at L2 is not medically necessary and appropriate.

A CT SCAN AT L2-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of computed tomography (CT). ODG identifies documentation of a condition/diagnosis for which computed tomography is indicated (such as lumbar spine trauma: trauma, neurological deficit; lumbar spine trauma: seat belt (chance) fracture; myelopathy (neurological deficit related to the spinal cord), traumatic; myelopathy, infectious disease patient; evaluate pars defect not identified on plain x-rays; or evaluate successful fusion if plain x-rays do not confirm fusion), as criteria necessary to support the medical necessity of computed tomography (CT). Within the medical information available for review, there is documentation of diagnoses of mechanical axial low back pain and lumbar spine sprain/strain. In addition, there is documentation of subjective (back pain) and objective (restricted lumbar spine range of motion) findings and conservative treatment (medications). However, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination; or a condition/diagnosis for which computed tomography is indicated (such as lumbar spine trauma: trauma, neurological deficit; lumbar spine trauma: seat belt (chance) fracture; myelopathy (neurological deficit related to the spinal cord), traumatic; myelopathy, infectious disease patient; evaluate pars defect not identified on plain x-rays; or evaluate successful fusion if plain x-rays do not confirm fusion). Therefore, based on guidelines and a review of the evidence, the request for CT scan at L2-S1 is not medically necessary and appropriate.