

Case Number:	CM13-0069110		
Date Assigned:	01/03/2014	Date of Injury:	02/14/2011
Decision Date:	04/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 and 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 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:

This patient is a 45-year-old male with date of injury 02/14/2011. Per treating physician's report 12/06/2013, the listed diagnoses are: 1. Small disk herniation at L3-L4. 2. Broad-based disk bulge at L4-L5. 3. Broad-based disk bulge at L5-S1 resulting in bilateral foraminal stenosis. 4. Left iliac crest graft site pain and left greater trochanteric bursitis. 5. Postoperative changes at the iliac graft site. 6. Adjustment disorder and depressed mood. This report indicates that the patient was seen for second opinion neurosurgical evaluation who has recommended a CT discogram at L4-L5 and L5-S1, and the recommendation was for lumbar discogram. Per another report on 10/22/2013, the patient presents with low back pain and has saw [REDACTED] who recommended surgery. The treater is requesting authorization for consultation and treatment with [REDACTED] as a neurosurgeon has no concern of measures that work for this patient. There is a report of lumbar MRI from 04/13/2013 which reads that there is a central disk protrusion measuring 4-mm with mild spondylosis at this level but other levels were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Discogram of L4-5 and L5-S1 with Computerized Tomography (CT) discogram:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), chapter 12 (Low Back Complaints), (2007), page 66.

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

Decision rationale: This patient presents with chronic persistent low back pain. The patient apparently obtained a second opinion by a neurosurgeon who has recommended lumbar discogram at L4-L5 and L5-S1 followed by a CT scan. MRI of this patient's lumbar spine from 04/13/2013 is reported to show disk protrusion measuring 4-mm at L4-L5 with mild spondylosis and normal other levels. In reference to lumbar discogram, ACOEM Guidelines page 304 does not support on this. Fusion is a realistic consideration. For fusion surgery, page 307 ACOEM Guidelines states that it is not recommended except for cases of trauma related to spinal fracture or dislocation during the first 3 months of symptoms. Furthermore, fusion may be consideration for spinal instability after surgical decompression at the level of degenerative spondylolisthesis. ACOEM Guidelines states that there is no evidence for long term effectiveness or any form of cervical decompression or fusion for degenerative lumbar spondylosis. This patient presents with degenerative lumbar spondylosis at L5-S1 in a mild degree. Protruding disk does not qualify for lumbar fusion surgery. This patient does not present with any fracture, dislocation, spinal instability, or spondylolisthesis to be a candidate for some lumbar fusion. Given that the patient is not indicated for lumbar fusion surgery, there is no need to perform lumbar discogram. The request is not certified.