

Case Number:	CM14-0008256		
Date Assigned:	02/07/2014	Date of Injury:	01/30/2012
Decision Date:	06/23/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/22/2014

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 Neurosurgery, 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 injured worker is a 40-year-old female who sustained an injury to her low back on 01/30/12. The injured worker is status post L5-S1 laminectomy/discectomy dated 05/29/13. She has residual burning pain in the right buttocks through the right dorsolateral right calf/foot that has improved since the surgery and her left leg pain has resolved. She denied any numbness/tingling. Ambulation with a front-wheel walker. She is utilizing Norco four tablets/day plus Robaxin twice a day with good relief. Physical examination noted low back incision healing well without erythema or drainage; edges are well approximated; standing range of motion 30°; seated straight leg raise negative; diminished heel walking, toe walking and heel to toe raising bilaterally; tandem is off; gait is broad-based; knee and ankle reflexes are two; motor exam is 5/5; right sensory loss in the dorsolateral calf and foot which is a subjective response to touch.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT DISCOGRAM LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 305. Decision based on Non-MTUS Citation ODG http://www.odg-twc.com/odgtwc/low_back.htm.

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

Decision rationale: The request for CT discogram lumbar is not medically necessary. The previous request was denied on the basis that recent studies do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. Discography does not identify the symptomatic high-intensity zone and concordance of symptoms with the disc injected is of limited diagnostic value and it can produce significant symptoms and controls more than a year later. Given the clinical documentation submitted for review, medical necessity of the request for CT discogram lumbar has not been established. Recommend denial. The request is not medically necessary and appropriate.

NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation http://www.odg-twc.com/odgtwc/low_back.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS)

Decision rationale: The request for NCV is not medically necessary. The ODG states that nerve conduction studies are not recommended. There's minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. Given the clinical documentation submitted for review, medical necessity of the request for NCV has not been established. Recommend denial. The request is not medically necessary and appropriate.