MAXIMUS Federal Services

Case Number:	CM14-0101623		
Date Assigned:	09/24/2014	Date of Injury:	11/11/2013
Decision Date:	10/24/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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 36-year-old female who reported an injury on November 11, 2013. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar facet arthropathy, severe L4 to S1 disc degeneration, and left leg radiculopathy. The injured worker's past treatments included medications. The injured worker's diagnostic testing included an unofficial MRI of the lumbar spine on January 14, 2014, which revealed disc degeneration at L4-5 with central disc bulge and annular tear, stenosis bilateral lateral recess moderate at L4-5 and left lateral recess stenosis moderate at L5-S1, severe disc height narrowing at L5-S1, and mild disc height narrowing at L4-5 with T2 signal change at L4-5 and L5-S1. An official nerve conduction study on July 10, 2014, for which results were not provided. The injured worker's surgical history was not provided. In the clinical note dated August 25, 2014, the injured worker complained of low back pain radiating into the left buttocks, with pain and numbness in the lateral aspect of the left foot rated 7/10 to 8/10. The injured worker had range of motion with pain of the lumbar spine, with flexion at 40 degrees and extension at 8 degrees. The injured worker's medications included Motrin 800 mg, Norco 5/325 mg, Flexeril 10 mg, Restoril 30 mg, and tramadol HCL 50 mg. The request was for a consultation with a pain management specialist and a diagnostic discogram. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

Decision rationale: The injured worker is diagnosed with lumbar facet arthropathy, severe L4 to S1 disc degeneration, and left leg radiculopathy. The injured worker complains of low back pain radiating into the left buttock, with pain and numbness in the lateral aspect of the left foot rated 7/10 to 8/10. The California MTUS Guidelines state consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition, or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety, or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The requested physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. There is a lack of documentation indicating whether the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the rationale for the consultation with a pain management specialist. As such, the request for a consultation with pain management specialist is not medically necessary or appropriate.

Diagnostic discogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, DISCOGRAPHY .

Decision rationale: The injured worker is diagnosed with lumbar facet arthropathy, severe L4 to S1 disc degeneration, and left leg radiculopathy. The injured worker complains of low back pain radiating into the left buttock, with pain and numbness in the lateral aspect of the left foot rated 7/10 to 8/10. The Official Disability Guidelines state discography is not recommended. In the past, discography has been used as part of the preoperative evaluation of patients for consideration of surgical intervention for low back pain. However, the conclusions of recent, high quality studies on discography has significantly questioned the use of discography results as a preoperative indication for either IDETs or spinal fusion. The requesting physician documented the rationale for the request to be for a discogram prior to making a surgical recommendation for decompression and fusion at L4-5 and L5-S1. There is a lack of documentation of failure of conservative treatment and physical therapy. Additionally, the request does not indicate the levels at which the diagnostic discogram should be performed. As such, the request for a diagnostic discogram is not medically necessary or appropriate.