

Case Number:	CM14-0011292		
Date Assigned:	02/21/2014	Date of Injury:	11/19/2010
Decision Date:	06/16/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/28/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and 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 46-year-old male with a reported date of injury on 11/19/2011. The mechanism of injury occurred when the injured worker strained his back bending over to pick up a plastic trash can full of about 13 pounds of coffee beans. The progress noted dated 01/17/2013 listed the diagnoses as chronic axial lumbar pain syndrome with MRI (magnetic resonance imaging) and other imaging evidence of multilevel chronic spondylosis and disc degeneration, most notably at L5-S1 without remarkable herniated nucleus pulposus or stenosis, chronic pain and disability syndrome with an anxiety/depression component, pain application and disability behaviors. The progress note reported the injured worker is a candidate for surgery but because he had multilevel lumbar degenerative discs he would give consideration to a reconstructive procedure probably prosthetic disc replacement at the L5-S1 segment. Also, he would require preoperative discography and postoperative discography CT scan. The request for authorization form dated 12/23/2013 was for PRE-op lumbar discogram/CT scan due to lumbar regions sprain, degeneration of lumbar or lumbosacral intervertebral disc, lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP LUMBAR DISCOGRAM - AT A MINIMUM INCLUDE THE L4-L5-S1 SEGMENTS AND POSSIBLY ADDITIONAL SEGMENTS MORE PROXIMALLY UNTIL A NONPAINFUL CONTROL LEVEL CAN BE IDENTIFIED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for pre-op lumbar discogram-at a minimum include the L4-L5-S1 segments and possibly additional segments more proximally until a non-painful control level can be identified. The injured worker is a candidate for surgery and underwent conservative care. The ACOEM guidelines do not recommend discography as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. The ACOEM states discography does not identify the symptomatic high intensity zone, and concordant of symptoms with the disc injected is of limited diagnostic value. The criteria for discography are back pain of at least three months duration and failure of conservative treatment. The ACOEM criteria also recommend a satisfactory result from detailed psychosocial assessment. The discography is subjects with emotional and chronic pain problems have been linked to reports of significant back pain for prolonged periods after injections and therefore should be avoided. The injured worker was shown to have chronic pain and disability syndrome with an anxiety/depression component, pain application and disability behaviors. The guidelines do not recommend the discogram as a preoperative examination. Therefore, the request is non-certified.

POST DISCOGRAM CT SCAN-LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, pgs. 304-5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for post discogram computed tomography (CT) scan-Lumbar is non-certified. The previous request for a discogram was non-certified due to the ACOEM recommendations. The post-discogram CT scan-lumbar is not warranted to due previous request denial. Therefore, the request is non-certified.