

Case Number:	CM14-0013425		
Date Assigned:	02/26/2014	Date of Injury:	05/28/2013
Decision Date:	08/12/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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 patient is a 40-year-old male who has submitted a claim for lumbar spine strain with significant findings for radiculopathy associated with an industrial injury date of May 28, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent left-sided low back pain at the waist level and above, rated 1-6/10. This was accompanied by pins and needles paresthesias over the anterior chest wall and anterior upper arms bilaterally as well as dorsally over the corresponding region in the thoracic truncal region and posterior upper arms. Physical examination revealed tenderness at multiple points in the midline, especially at L4-L5 and over the bilateral sacroiliac joints; decreased ROM on left lateral flexion; paradoxically worse left lower back pain on right SLR, sciatic tensions signs and during right hip ROM testing; bilaterally positive seated SLR reproducing left lower back pain; and bilaterally abnormal Slump test. An MRI was done on August 6, 2013 and revealed L3-L4 2mm AP disc bulge with superimposed left foraminal/extraforaminal disc protrusion measuring approximately 4mm in radial thickness, mass effect upon the exiting left L3 nerve root, mild facet hypertrophic changes, moderate left and mild right neural foraminal stenosis; and L4-L5 3mm AP left paracentral disc protrusion superimposed upon a small disc bulge, mild facet hypertrophic changes, mild spinal canal stenosis and mild bilateral neural foraminal stenosis. Electrodiagnostic studies of the bilateral lower extremities done on July 26, 2013 showed normal results. The diagnoses were lumbar HNP far lateral/extraforaminal at L3-L4 and left L4-L5; lumbar spondylosis without myelopathy L3-4 and L4-5; lumbar stenosis at L3-4 and L4-L5; degenerative disc disease at L3-L4 and L4-L5; scoliosis; chronic pain syndrome; and possible somatization disorder, possible depressive disorder not elsewhere classified, generalized anxiety disorders and possible opiate/narcotic tolerance. Treatment plan includes requests for pain management evaluation and treatment, lumbar discogram and lumbar CT scan. Treatment to date

has included oral analgesics, physical therapy, home exercise program and transforaminal epidural injections. Utilization review from January 24, 2014 denied the requests for discogram L3-L4 and L4-L5 and/either L2-3 or L5-S1 because the guideline does not recommend discography as part of pre-operative evaluations; and CT scan lumbar spine to include sagittal and coronal views because the patient has undergone previous MRI of the lumbar spine. The request for pain management evaluation and treatment was modified to pain management consultation only. Due to persistent pain that has not resolved to conservative treatment to date, pain management specialist would be appropriate. However, the need for any specific treatment will depend in part on the results of the consultation weighed against the appropriate evidence-based criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, Independent Medical Examinations and Consultations, pg. 127, 156.

Decision rationale: According to pages 127 and 156 of the ACOEM Guidelines referenced by California MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. In this case, a progress report dated October 15, 2013 stated that the patient has failed all reasonable forms of conservative treatment. Also, psychosocial factors are present such as possible somatization disorder, possible depressive disorder not elsewhere classified, generalized anxiety disorders and possible opiate/narcotic tolerance. Although the patient may benefit from consultation with a pain management specialist, the request includes an unspecified treatment. Specific treatment plan will be determined only after pain management consultation is done. The medical necessity has not been established at this time. Therefore, the request for Pain Management Evaluation and Treatment is not medically necessary.

Discogram L3-L4 and L4-L5 AND / Either L2-L3 OR L5-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): 304-305.

Decision rationale: As stated on pages 304-305 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. There is lack of strong medical evidence to support diskography. Psychological clearance should be obtained. In this case, a progress report dated October 30, 2013 stated that an artificial disc or interbody fusion at L4-L5 will be done if surgery is considered. The guideline does not support the use of discography because of its limited diagnostic value. Moreover, the contemplated surgery has yet to be decided. Lastly, psychological evaluation was not accomplished. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guidelines. Therefore, the request for Discogram L3-L4 AND L4-L5 AND / Either L2-L3 OR L5-S1 is not medically necessary.

CT Scan, of the Lumbar Spine To Include Sagittal And Coronal View: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, CT (computed tomography).

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, referenced by California MTUS, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging for neural or other soft tissue, computer tomography for bony structures). The ODG does not recommend CT scan, except for the following: lumbar spine trauma with neurologic deficit, and evaluation of pars defect not identified on plain x-rays. In this case, the patient already had an MRI of the lumbar spine on August 6, 2013 which showed nerve root impingement. There was no clear rationale concerning the need for additional imaging studies of the lumbar spine. The medical necessity has not been established. Therefore, the request for CT scan of the lumbar spine to include sagittal and coronal view is not medically necessary.