MAXIMUS Federal Services

Case Number:	CM14-0013990		
Date Assigned:	02/26/2014	Date of Injury:	05/26/2011
Decision Date:	08/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 52-year-old male who has submitted a claim for cervical spine herniated nucleus pulposus C5-C6, and lumbar spine multiple level disc protrusion associated with an industrial injury date of May 26, 2011. Medical records from 2013-2014 were reviewed. The patient complained of constant low back pain, rated 7-8/10 in severity. The pain radiates to the bilateral lower extremities, more on the right. The pain was aggravated by any activities. Physical examination showed tenderness on the lumbar spine. There was decreased range of motion due to pain and the patient has an antalgic gait. MRI of the lumbar spine, dated July 12, 2013, revealed multilevel degenerative changes, more at the L4-L5 and L5-S1, with neural foraminal narrowing but not central canal stenosis; and 2mm high T2 signal focus in the protruded desiccated disc at the L5-S1 level, suggestive of radial tear of the annulus fibrosus. Treatment to date has included medications, physical therapy, acupuncture, and activity modification. Utilization review, dated January 27, 2014, denied the request for repeat discogram because the guidelines have not been fully met, and the results of the first discogram and why a repeat study was necessary was not documented. The request for sleep study was denied as well because there were no clinical details about symptoms or exam findings that would substantiate the need for it.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT DISCOGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Discography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: According to pages 308-310 of the ACOEM Practice Guidelines referenced by CA MTUS, discography is not recommended. Recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. In this case, there was no indicated rationale for a repeat discogram examination. There are no plans for surgery based on the recent progress reports reviewed. There is no evidence that the patient would meet surgical fusion criteria. An evaluation dated October 23, 2013 stated that there was authorization for a discogram but the patient was not able to do it because he cannot lie down. Guidelines do not recommend its use. Testing should be limited to a single level and a control level. The necessity for a repeat discogram has not been established. Furthermore, the present request failed to specify the levels. Therefore, the request for Repeat Discogram is not medically necessary.

SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Sleep Disorders Association, Practice parameters for using polysomnography to evaluate insomnia: an update. Sleep 2003 Sep15;26(6):754-60.

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

Decision rationale: The CA MTUS does not specifically address the request for sleep study. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. Official Disability Guidelines state that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. In this case, the rationale for the request was not provided. Recent progress reports do not indicate problems regarding sleep. Also, there was no discussion concerning the patient's sleep hygiene. Therefore, the request for a Sleep Study is not medically necessary.