

Case Number:	CM14-0016890		
Date Assigned:	04/11/2014	Date of Injury:	09/10/2009
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 55-year-old male who was injured on 09/10/2009 while at work. The claimant reported the pain to begin when he was moving a heavy patient as a caregiver. Prior treatment history has included cortisone injection, chiropractic and physical therapy as well as narcotic pain medication. The patient is status post lumbar discogram 09/10/2009 and 09/14/2011. Medications include Voltaren gel, Omeprazole 20 mg, Vicodin ES 75-350 mg. Diagnostic studies reviewed include AP & lateral x-rays of the lumbar spine with flexion and extension views dated 05/31/2011 revealing lumbar spine series within normal limits. Alignment unremarkable. MRI of the lumbar spine dated 08/13/2012 revealed the following: 1) there is no acute finding. 2) At L4-L5 there is no evidence of disc bulge or herniation. There is thickening of the posterior longitudinal ligament measuring 2 mm in AP dimension which is a combination with ligamentum buckling, congenitally narrow spinal canal and moderate to severe bilateral facet arthropathy results in mild to moderate spinal canal stenosis. AP diameter of this thecal sac measures 6-7 mm. 3) At L5-S1 there is a minimal 1-2 mm central disc protrusion, which results in no significant spinal canal stenosis. AP diameter of the thecal sac measures 10 mm. There is mild to moderate bilateral facet arthropathy. QME report dated 10/20/2013 documented the patient with complaints of low back pain. The patient complains of constant low back pain that radiates to his lower extremities. Objective findings on exam revealed the patient demonstrates 5/5 muscle strength of the upper extremities. The patient refused muscle testing in the lower extremities secondary to pain. The patient demonstrated hyporeflexia in all aspects tested. There were abnormalities in the left L5 distribution to light touch and temperature. The patient has antalgic wide-based gait. Examination of the lumbar spine revealed palpable tenderness over the axial lumbar region and the paraspinal region. Impression: 1) Lumbar disc protrusion with degenerative changes. 2) Chronic pain syndrome. Progress note dated 01/14/2014 documents

the patient with complaints of low back and bilateral lower extremity pain for approximately two years. The pain is constant and seems to worsen with activity. He states that his pain is a 6/10 but gets to be as bad as 10/10 when he has to lift patients or has to perform twisting motions with his body. He also reports the lower back pain radiating into both legs at the base of his spine down to the balls of both feet with numbness and tingling that seems to be worse on the left. He denies any weakness in his legs and denies bowel or bladder abnormalities. Objective findings on exam reveal a negative Spurling's, Phalen's, Tinel's and Adson's test. Examination of the lumbar spine reveals posture/alignment slightly hunched forward. Gait positive right and positive left. Range of motion is limited secondary to pain. Lumbar spine muscle spasms noted. There is a loss of normal lordosis, tenderness on palpation and straight leg raise test is positive bilaterally. Sensory reveals hyperesthesia bilateral heels. Reflexes are 2+ bilaterally and symmetric. His bilateral lower extremities are at full strength but have give way weakness. Assessment includes lumbago, lumbar disc displacement, and Spinal stenosis of lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Guidelines, pages 303-304

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

Decision rationale: According to the MTUS/ACOEM guidelines, the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. In this case, none of these criteria apply to the patient. According to the Official Disability Guidelines repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro compression, and recurrent disc herniation). The medical records do not establish the necessity for a repeat lumbar MRI. The medical records document the patient has undergone prior MRI studies of the lumbar spine. The most current medical report, dated 1/14/2014 documents the neurological examination revealed normal sensory, reflex, and full motor strength of the bilateral lower extremities. There is no evidence of significant change in symptoms or findings. The request for lumbar MRI is not medically necessary and appropriate.

LUMBAR DISCOGRAM/DISCOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM Guidelines, pages 303- 304, and the Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: The California MTUS/ACOEM Guidelines states, "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. Tears may not correlate anatomically or temporally with symptoms." The Official Disability Guidelines (ODG) also states discography is not recommended. The conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. This procedure is not supported by the medical literature. The request for a lumbar discogram/discography is not medically necessary and appropriate.