

Case Number:	CM14-0169417		
Date Assigned:	10/17/2014	Date of Injury:	05/17/2013
Decision Date:	11/20/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 37 year old male with an injury date of 05/17/13. The 09/08/14 report by [REDACTED] states that the patient presents with worsening cervical spine pain, lumbar spine and bilateral knee pain. Examination of the lumbar spine shows positive straight leg raise bilaterally eliciting pain in the L5-S1 dermatome distribution with tightness and spasm of the paraspinal musculature. There is also hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L4 and S1 dermatome level. There is also weakness in the big toes plantar flexor bilaterally with facet joint tenderness at L4 and L5 levels bilaterally. Examination of the knees reveals tenderness of the medial joint line bilaterally. Operative reports are provided for: Therapeutic percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots for analgesia bilaterally at L4, L5 and S1 levels with bilateral medial branch block to the lumbar facet joints at the L3-4 and L4-5 levels. (11/11/03) Therapeutic percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots for analgesia bilaterally at L3, L4 and L5 levels and bilateral medial branch block to the lumbar facet joints at the L3-4 and L4-5 levels (09/16/13). The patient's diagnoses include: Internal derangement right knee, positive MRI arthrogram medial meniscus tear Left knee strain sprain internal derangement, positive MRI possible medial meniscus tear Herniated lumbar disc with radiculitis, status post epidural steroid injection x3 with good relief Herniated cervical disc with radiculitis, status post epidural steroid injection x2 with good relief (02/17/14, 01/20/14, and 12/09/13). Right wrist and hand strain sprain, tendinitis, carpal tunnel syndrome Status post left hand carpal tunnel release. The utilization review being challenged is dated 09/29/14. Reports were provided from 09/16/13 to 09/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram of lumbar spine at L3-L4 and control being L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Discogram. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg.twc.com; Section Low Back - Lumbar & Thoracic (Acute & Chronic) updated 08/22/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Discography

Decision rationale: The patient presents with cervical and lumbar spine pain with bilateral knee pain. The treater requests for Discogram of the lumbar spine at L3-L4 and control being L4-L5. The patient presents with cervical and lumbar spine pain with bilateral knee pain. The treating physician requests for Discogram of the lumbar spine at L3-L4 and control being L4-L5. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Discography state that lumbar discography is not recommended as the conclusions of recent high quality studies have significantly questioned discography results a preoperative indication for IDET or spinal fusion. ACOEM guidelines page 304 also do not support discography as a pre-operative measure unless lumbar fusion surgery is a realistic consideration. The treating physician states in the 09/08/14 treatment plan that the request is diagnostic in nature and, "...will help determine whether pain is caused by abnormal disc in the spine.....to see if the discs are damaged and/or are the pain generators." The treating physician further states results of the test will help determine a new treatment plan for back pain or will be used in preparation for spinal fusion surgery. Review of the reports, however, do not show that fusion surgery is a realistic expectation as the patient does not present with fracture, dislocation, instability or spondylolisthesis. In this case, lacking recommendation by ODG and ACOEM, The request is not medically necessary and appropriate.