

Case Number:	CM14-0024041		
Date Assigned:	06/11/2014	Date of Injury:	04/20/2012
Decision Date:	07/29/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/25/2014

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 38-year-old male who reported an injury after lifting boxes on 04/20/2012. The clinical note dated 12/18/2013 indicated the injured worker reported constant sharp low back pain that radiated down both legs to the feet, as well as a throbbing pain that extended from the hips to the thighs. The injured worker described numbness and tingling in the back of both legs. The injured worker reported popping and stiffness in the low back that was particularly in the morning. The injured worker reported the pain increased when bending, stooping, and with prolonged sitting, standing, walking, driving, pushing, pulling, lifting, and when ascending and descending stairs. The injured worker indicated the pain decreased when he took hot showers. The injured worker reported some difficulty dressing, washing, drying and bathing himself, and getting on and off the toilet. On physical examination of the lumbar spine, there was evidence of paravertebral muscle spasms bilaterally. The lumbar spine range of motion revealed flexion 0 degrees, extension was 15 degrees with pain, right lateral bend was 10 degrees with pain, left lateral bend was 15 degrees with pain, and femoral sacral angle was 50 degrees with pain. Straight leg raise was 50 degrees bilaterally, sitting Lasgue's test was positive on the right, dorsiflexion was slightly positive bilaterally, Faber's maneuver caused right hip pain, and the injured worker's sciatic stretch sign was positive at one plus on the right. The injured worker's muscle strength revealed slight weakness of right great toe extension. The injured worker's prior treatments included diagnostic imaging, surgery, and medication. The injured worker's medication regimen included Norco, baclofen, and Xanax. The provider submitted a request for a discogram with negative control. A Request for Authorization dated 12/18/2013 was submitted for discogram; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L4-L5, L5-S1 with negative control at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8: Summary of Recommendations for evaluating and managing low back complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The request for Discogram L4-L5, L5-S1 with negative control at L3-L4 is non-certified. The California MTUS/ACOEM Guidelines states there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The request is not supported by the ACOEM guidelines. In addition, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for spinal fracture, dislocation, or spondylolisthesis. Therefore, the request is non-certified.