

Case Number:	CM14-0024504		
Date Assigned:	06/11/2014	Date of Injury:	03/08/2012
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 is licensed to practice in Nevada. 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 44 year-old female who was reportedly injured on 3/8/2012. The mechanism of injury was noted as lifting and twisting with a box. The claimant underwent a T5-L1 Harrington rod placement for scoliosis at the age of twelve. The most recent progress notes, dated 8/26/2013 and 10/11/2013, indicated there were ongoing complaints of low back pain with radiation to the lower extremities (left > right). Physical examination demonstrated loss of lumbar lordosis, tenderness in the upper lumbar spine and lumbosacral junction with mild muscle spasm, restricted lumbar spine motion with flexion and extension and increased back pain, motor function globally intact, sensation intact, reflexes preserved, straight leg raise test equivocal. MRI of the lumbar spine, dated 3/31/2012, confirms lumbar scoliosis centered at L3/4, 20, disc protrusions eccentric to the left with annular tears, facet arthropathy and degenerative changes at L4-L5 and L5-S1. Plain radiographs and computed tomography scan of the thoracic spine show intact Harrington hardware and a posterior fusion from T5 to L1. Diagnoses: Axial low back pain status post Harrington rod placement for scoliosis in 1982. Previous treatment included physical therapy, medial branch radiofrequency ablation at L3, L4, L5; transforaminal epidural steroid injections at L4-L5 and medications to include Baclofen 10 mg, Norco 325/7.5 mg, fluoxetine 40 mg and Pantoprazole 40 mg. A request had been made for lumbar discography L1-S1, which was not certified in the pre-authorization process on 2/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAPHY L1-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back Chapter, Discography Section.

Decision rationale: CA MTUS guidelines do not address lumbar discography. The guidelines do not recommend discography, whether performed as a solitary test or when paired with imaging (e.g. MRI), for acute, subacute or chronic back pain, or for radicular pain syndromes. As such, in accordance with the ODG guidelines, the request is not considered medically necessary.