

Case Number:	CM14-0027850		
Date Assigned:	06/20/2014	Date of Injury:	09/30/2010
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/05/2014

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 New York and Texas. 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 62-year-old male who reported an injury after he fell off a truck on 09/30/2010. The clinical note dated 02/19/2014 indicated a diagnoses of lumbar spine degenerative disc disease and disc protrusion and radiculopathy. The injured worker reported low back pain that radiated to bilateral legs with numbness and tingling, rated 9/10. The injured worker reported difficulty with walking and balancing. On physical examination of the lumbar spine, the injured worker had decreased range of motion, tenderness to palpation and 4/5 motor strength. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included hydrocodone. The provider submitted a request for a CT discogram of the lumbar spine. A request for authorization dated 02/21/2014 was submitted for a CT discogram of the lumbar spine. 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:

CT DISCOGRAM - LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for CT discogram for the lumbar spine is not medically necessary. The California MTUS/ACOEM guidelines states diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. The guidelines also state it should be reserved for patients who meet the following criteria back pain of at least three months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) The patient is a candidate for surgery and has also has been briefed on potential risks and benefits from diskography and surgery. Although the injured worker has had back pain of at least 3 months duration, there is a lack of evidence in the documentation provided of a failure of conservative treatment such as physical therapy or NSAIDs. In addition, there is a lack of evidence of a psychosocial assessment. Furthermore, there is a lack of evidence that the injured worker has been briefed on the potential risks and benefits from a discography and surgery. Therefore, the request for a CT discogram - lumbar spine is not medically necessary.