

Case Number:	CM14-0029365		
Date Assigned:	06/20/2014	Date of Injury:	05/13/2010
Decision Date:	08/11/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 45-year-old female who was reportedly injured on May 13, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 5, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. Current medications were stated to include Norco, Cymbalta, ibuprofen and Naprosyn. The physical examination demonstrated restricted range of motion of the lumbar spine and diffuse tenderness along the midline as well as bilateral perilumbar soft tissues from T10 through L5. There was a positive left sided straight leg raise, left leg weakness, and reduced sensation over the lateral aspect of the left leg and foot. There were also diminished reflexes at the left ankle compared to the right. There was a recommendation for further imaging studies. Previous treatment included physical therapy, chiropractic care, and epidural steroid injections. A request had been made for a discogram of L3-L4, and L5-S1 followed by a computed tomography scan of the lumbar spine and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

discograms L3-L4 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The American College of Occupational and Environmental Medicine does not support the use of discography for individuals who have not had a detailed psychosocial assessment or have been briefed on potential risks and benefits of a discogram procedure and subsequent potential surgery. There was no documentation that this has been addressed in the medical record. For these reasons, this request for a discogram at L3-L4 and L5-S1 is not medically necessary.

post discogram CT scan lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - lumbar and thoracic, Computed tomography, updated July 3, 2014.

Decision rationale: According to the medical record, the injured employee has sustained a lumbar spine injury and has complaints of radicular symptoms, which are corroborated by physical examination. According to the Official Disability Guidelines, a lumbar spine computed tomography (CT) scan is indicated for lumbar spine trauma and a neurological deficit. Therefore, this request for a CT scan of the lumbar spine is medically necessary.