

Case Number:	CM14-0033586		
Date Assigned:	06/20/2014	Date of Injury:	09/12/2012
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 Alabama. 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 55-year-old female who was injured on 09/12/2012 while she was walking in a parking lot. The patient stepped incorrectly on some nuts, lost her balance and fell on her left side. The patient reported pain and discomfort in her left arm and in her lower back that started immediately after her injury. Prior treatment history has included lumbar epidural injection on 09/16/2013 with facet block at L4-L5 and L5-S1. The patient underwent extracorporeal shockwave procedure on 06/21/2013. The diagnostic studies reviewed include NCV (nerve conduction velocity)/ Somatosensory evoked potentials (SSEP) of lower extremity dated 06/14/2013 revealed an abnormal study in a pattern consistent with L5-S1 radiculopathy. Electromyography (EMG) of the lower extremities dated 06/14/2013 revealed an abnormal study of the lumbar spine and lower extremities in a pattern consistent with right L5 radiculopathy and left S1 radiculopathy. MRI (magnetic resonance imaging) of lumbar spine dated 12/18/2012 revealed 1) L4-L5, left paracentral disc protrusion and facet hypertrophy producing spinal canal narrowing and left greater than right neuroforaminal narrowing. At L5-S1, broad-based disc protrusion and facet hypertrophy produces bilateral neuroforaminal narrowing. Supplemental report dated 11/21/2013 indicated the patient still has low back pain and continues to be very severe. She reported it radiates to the left leg and groin. Objective findings on exam revealed hypolordosis was noted on thoracic and lumbar spine. There was spasm of the lumbar spine with no evidence of any spasm in the thoracic spine. She had tenderness noted over the lumbar paravertebral bundles on the left. There was no specific tenderness over the sciatic notch, posterior iliac crest, around the gluteal muscles, posterior thigh, or sacroccygeal area. The abdominal and back musculature revealed 4/5 strength with flexion, extension and left lateral flexion. There was difficulty noted with toe and heel walk on the left. There was good dorsiflexion and plantar flexion power noted. The patient had a negative straight leg raise.

Seated straight leg raise test was positive on the left. There were trigger points noted over the erector spinalis on the left. There was general muscle weakness noted secondary to pain on the left. Range of motion was restricted due to pain. The patient was diagnosed with disc herniation without myelopathy of the lumbar spine, cervical radiculitis/neuritis, and lumbar radiculitis/neuritis. The treatment and plan included a request for a discogram of lumbar spine at L5-S1 prior to the surgery, refill Norco and Xanax if needed, refer to pain management, and a request for pre-operative psychological clearance to be performed. Prior utilization review dated 02/20/2014 states the request for lumbar discogram, L4-S1, prior to surgery and pre-op psych consultation is denied because there is no indication for the discogram to gain more information and the guidelines clearly do not support using discography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discography at L4-5 and L5-S1, prior to surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for lumbar fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Discography, Fusion (spinal).

Decision rationale: The Official Disability Guidelines (ODG) states that for "low back" disorders that "discography is not recommended". The guidelines also states "patient selection criteria for discography if provider and payor agree to perform anyway." The MTUS/ACOEM guidelines state that for low back disorders under the diagnostic investigations, discography section states that discography is "not recommended for acute, sub-acute and chronic low back pain" and also "not recommended for acute, sub-acute and chronic radicular pain syndromes." The background portion in the ACOEM guidelines state that "if discography can produce pain, but cannot accurately identify that disc as the pain generating structure, then surgery on that disc is presumably unlikely to be helpful." In addition, the ODG guidelines for back disorders regarding spinal fusion state that indications may include "neural arch defect...segmental instability...primary mechanical back pain (i.e., pain aggravated by physical activity)/functional spinal unit failure/instability, including one or one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability. In this case, the patient does not appear to exhibit any of these three indications. Therefore, based on the ACOEM and ODG guidelines criteria and the clinical documentation, the request is not medically necessary.

Pre-operative psyche consultation: Upheld

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 Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 127, and Official Disability Guidelines (ODG), Low Back, Psychological screening.

Decision rationale: Since the primary procedure (Lumbar discography at L4-5 and L5-S1, prior to surgery) is not medically necessary, none of the associated services (Pre-operative psyche consultation) is medically necessary.