

Case Number:	CM14-0034312		
Date Assigned:	06/20/2014	Date of Injury:	01/16/2010
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/19/2014

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 Illinois. 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 55 year old male who reported an injury on 01/16/2010 due to an unknown mechanism of injury. The injured worker complained of ongoing neck pain rated 7/10, low back and buttocks pain with numbness radiating into the bilateral anterior thighs of the feet rated 7/10, and left wrist pain and numbness rated 7/10. On 02/05/2014 the physical exam revealed tenderness to palpation across the upper buttocks bilaterally. He had decreased sensation over the right L4 and S1 dermatome distribution. On 10/10/2012 the MRI revealed mild bilateral recess stenosis at L4-L5 to a lesser degree at L5-S1. There was a desiccation small herniation at L4-L5 and L5-S1. He had a normal electromyography (EMG) and nerve conduction study (NCS) on 05/22/2013. The injured worker had a diagnoses of tear of triangular fibrocartilage, coccydynia, L4-S1 moderate to severe facet arthropathy, L4-5 disc displacement / annular tear, and lumbar paresthesias. The injured worker had physical therapy as a method of past treatment. The injured worker was on the following medications hydrocodone / acetaminophen 10/325mg, Prilosec 20mg, temazepam 30mg, Xanax 0.5mg, Motrin 800mg, Ultram 50mg, Lexapro 20mg, and fexmid 7.5mg. The current treatment plan is for a lumbar discogram from L4-S1 with negative control. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram From L4-S1 With Negative Control: 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 (LOW BACK CHAPTER).

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

Decision rationale: The injured worker is a 55 year old male who reported an injury on 01/16/2010 due to an unknown mechanism of injury. The injured worker complained of ongoing neck pain rated 7/10, low back and buttocks pain with numbness radiating into the bilateral anterior thighs of the feet rated 7/10, and left wrist pain and numbness rated 7/10. On 02/05/2014 the physical exam revealed tenderness to palpation across the upper buttocks bilaterally. He had decreased sensation over the right L4 and S1 dermatome distribution. On 10/10/2012 the MRI revealed mild bilateral recess stenosis at L4-L5 to a lesser degree at L5-S1. There was a desiccation small herniation at L4-L5 and L5-S1. He had a normal electromyography (EMG) and nerve conduction study (NCS) on 05/22/2013. The injured worker had a diagnoses of tear of triangular fibrocartilage, coccydynia, L4-S1 moderate to severe facet arthropathy, L4-5 disc displacement/ annular tear, and lumbar paresthesias. The injured worker had physical therapy as a method of past treatment. The injured worker was on the following medications hydrocodone/acetaminophen 10/325mg, Prilosec 20mg, temazepam 30mg, Xanax 0.5mg, Motrin 800mg, Ultram 50mg, Lexapro 20mg, and fexmid 7.5mg. The current treatment plan is for a lumbar discogram from L4-S1 with negative control. The rationale and request for authorization form were not submitted for review.