

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0037425 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 09/13/2012 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 02/28/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 32 year old who was injured on 9/13/2012. The diagnoses are neck pain, headache, lumbar radiculopathy and low back pain. There is associated diagnosis of anxiety. The MRI of the lumbar spine showed mild disc desiccation, L4-L5 disc bulge with contact with left L5 nerve root and neural foraminal stenosis. The patient completed physical therapy (PT) and lumbar epidural steroid injections without significant pain relief. He is now being evaluated for lumbar spine surgery. On 2/14/2014, [REDACTED] noted subjective complaints of a 4-6/10 pain score in a scale of 0 to 10. The low back pain was noted to radiate to the lower extremity. The straight leg raising test is negative. There was decreased sensation along bilateral S1 dermatomes. An EMG/NCS was done in April, 2014 and showed bilateral carpal tunnel syndrome. The medications are Xanax and Ativan for anxiety and sleep, Cymbalta for depression and pain and Fexmid for muscle spasm.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back Discography.

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 and Pain Chapters.

Decision rationale: The California MTUS-ACOEM and the ODG guidelines addressed the use of discography in the evaluation and treatment of chronic low back pain. The MTUS states that concordance of symptoms with the disc injected is of limited diagnostic value in many patients and especially in the presence of psychosomatic symptoms. The ODG guideline concluded that a positive discography is not predictive in identifying outcomes from spinal fusion. Discograms can produce significant pathology in control such as disc tears and disc degenerative changes. The record shows that the patient has significant psychosomatic symptoms. He is utilizing multiple psychiatric medications. There was no beneficial outcome following epidural steroid injections and PT. The criteria for lumbar discogram L4 to S1 with negative controls was not met and therefore is not medically necessary.

Pain Management consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30, 87-89.

Decision rationale: The California MTUS addressed the indications for referrals for Chronic Pain Management Consultation and Chronic Pain Programs. The records indicate that the patient completed PT, medications management and epidural steroid injections without significant benefits. There are significant psychosomatic symptoms that are not controlled by the utilization of multiple medications for anxiety and depression. The severity of subjective complaints did not correlate with the minimal objective clinical examination, EMG/NCS and radiological findings. The criteria for a comprehensive Pain Management Consultation was met and is therefore medically necessary.