

Case Number:	CM14-0038078		
Date Assigned:	06/25/2014	Date of Injury:	04/09/2010
Decision Date:	07/31/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/01/2014

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 California 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 underlying date of injury in this case is 04/09/2010. The patient's treating diagnosis including low back pain, lumbosacral neuritis, and brachial neuritis. The patient's primary treating physician/orthopedic spine surgeon saw the patient in followup 02/25/2014. The patient reported his symptoms were worse. He had a recent lumbar spinal MRI done. The patient was working full duty with no restriction. On exam, the patient had tenderness of the lumbar supraspinatus ligament and iliolumbar region and pain with lumbar motion in multiple directions. No specific focal neurological deficits were noted. The treating physician reviewed the patient's lumbar MRI, which showed evidence of a persistent annular tear with fissure at L5-S1. The treating physician noted that the patient had failed all conservative measures including medication, therapy, and epidural injections and had persistent ongoing symptoms. The treating physician recommended a lumbar discogram to determine if the patient is a surgical candidate. The orthopedic surgeon additionally recommended a pain management referral with the referral note requesting a lumbar discogram and post discogram CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Consult, page(s) 127.

Decision rationale: The ACOEM Guidelines, Chapter 7 Consult, page 127 states that the occupational health practitioner may refer to other specialists when the diagnosis is uncertain or when the patient may benefit from additional expertise. The medical records in this case indicate that the purpose of the pain management referral is to proceed with a lumbar discogram. A lumbar discogram has separately been noncertified. It therefore follows that the request for a pain management referral is not applicable. Thus, this request is not medically necessary.

Lumbar spine discogram with post CT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, Low Back.

Decision rationale: The ACOEM Guidelines, Chapter 12, Low Back, page 309 discusses a summary of evidence and recommendations for treatment of low back pain. This guideline states that discography is not recommended. Additional details can be found in this regard in the Official Disability Guidelines/Treatment in Workers' Compensation/Low Back which notes that discography is not recommended and has been found to be inaccurate. This guideline indicates that it is possible that discography could actually increase low back pain in some cases. The medical records do not provide an alternate rationale to support the request for a discogram. This request is not medically necessary.