

Case Number:	CM14-0043258		
Date Assigned:	07/02/2014	Date of Injury:	09/26/2012
Decision Date:	07/31/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/10/2014

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 injured worker is a 33-year-old male who reported an injury on 09/16/2012 and the mechanism of injury was noted from working on a hillside. The submitted documentation indicated that the patient was treated for right hip pain and lower back pain. Per the most recent evaluation, the patient reported increased low back pain, increased right-sided buttock pain radiating down to the lateral foot, and a recent onset of left-sided symptoms. The records indicated the patient underwent an MRI study which confirmed an annular tear and bulge at the L5-S1. Objective findings included decreased lumbar lordosis, tenderness of the right sacral buttock region and around the left side, muscle spasms, restricted motion of the lower back and hips (right greater than left), patchy sensory changes of the lower extremities, diminished reflexes, and positive straight leg raise on the right. The diagnostic impression consisted of an annular tear at the L5-S1 and mechanical right-sided back pain with some increasing left radicular complaints. The injured worker's recent treatments consisted of a failed trial of physical therapy, a sacroiliac injection, and a medication regimen including Percocet, Flexeril and Aleve. The current request is for a lumbar discogram at L4-S1 and a CT scan of the lumbar spine to accompany the discogram. The request for authorization was dated 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66.

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

Decision rationale: The current request for a lumbar discogram at L4-S1 is non-certified. The California MTUS Guidelines state that discograms, whether performed as a solitary test, or when paired with imaging studies, are not recommended for acute, subacute, chronic low back pain or radicular syndromes. The submitted records indicated that the patient was treated for an annular tear at the L5-S1, mechanical right-sided back pain, and left radicular complaints. The guidelines indicate that discograms, whether performed as a solitary test, or when paired with imaging studies, and not recommended for acute, subacute, chronic low back pain or radicular syndromes. Therefore, the treatment request for 1 lumbar discogram is not medically supported. As such, the request for a lumbar discogram at L4-S1 is not medically necessary.

CT scan of the lumbar spine to accompany the discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59.

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

Decision rationale: The current request for a CT scan of the lumbar spine to accompany the discogram is non-certified. The California MTUS Guidelines state that discograms when paired with imaging studies are not recommended for acute, subacute, chronic low back pain or radicular syndromes. The submitted records indicated that the patient was treated for an annular tear at the L5-S1, mechanical right-sided back pain, and left radicular complaints. The guidelines do not support discograms when paired with imaging studies for acute, subacute, chronic low back pain or radicular syndromes. Therefore, the treatment request for a CT scan of the lumbar spine to accompany the discogram is not supported. Therefore, the request for a CT scan of the lumbar spine to accompany the discogram is not medically necessary.