

Case Number:	CM14-0044555		
Date Assigned:	07/02/2014	Date of Injury:	02/25/2013
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/11/2014

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 39-year-old female who reported an injury on 02/25/2013 due to a cumulative lifting injury. On 01/17/2014, the injured worker presented with lumbar spine and back pain. Upon examination of the lumbar spine, there was tenderness to palpation and spasm of the right SI joint. The range of motion values were 30 degrees in flexion, 5 degrees in extension, 10 degrees of lateral flexion, and 10 degrees of rotation. There was a bilateral positive straight leg raise. There was numbness to the anterior aspect of the right thigh and tenderness to the right SI joint. The diagnoses were sprain/strain of the lumbar region. Prior therapy included physical therapy and medications. The provider recommended a lumbar discogram of the L4-S1 and medical clearance. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram of L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for Lumbar discogram of L4-S1 is not medically necessary. The California MTUS states recent studies on discograms do not support its use as a preoperative indication for either intradiscal electrothermal IDET annuloplasty or fusion. Discography does not identify the symptomatic high intensity zone, in concordance of symptoms with a disc injected is of limited diagnostic value, and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporarily with symptoms. Discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. Discography should be reserved for injured workers who have had back pain for at least 3 months, has had a failure of conservative treatment, has had a satisfactory result from detailed psychosocial assessment, is a candidate for surgery and has been briefed on potential risks and benefits from discography and surgery. There is a lack of documentation that the injured worker has failed conservative treatment to include medications and physical medicine. Additionally, a psychosocial assessment was not provided. There is a lack of evidence that the injured worker has been briefed on potential risks and benefits from discography. As such, the request is not medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Pre Op, General.

Decision rationale: The request for medical clearance is not medically necessary. The Official Disability Guidelines state preoperative testing is often performed for surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. An alternative to preoperative testing for the purposes of determining fitness for anesthesia and identifying injured workers at high risk for postoperative complications through history and physical examination, with selective testing based on clinician's findings. The included medical documents lack evidence of physical exam findings and clinical history that would be indicative of high surgery risk for the injured worker. As such, the request is not medically necessary.