

Case Number:	CM14-0048004		
Date Assigned:	07/02/2014	Date of Injury:	01/17/2013
Decision Date:	08/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/16/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 39-year-old male with a 1/17/13 date of injury. The injury occurred when he was avoiding another car while driving and went into a ditch. According to an 4/9/14 progress report, the patient complained that his recent lumbar spine epidural steroid injection decreased his low back pain for 4 days. He continued to experience pain in his neck radiating down throughout his entire spine. He stated occasional right leg pain. He reported persistent pain to his left shoulder, however, noted increasing flexibility with exercises. Objective findings: patient uses a cane to assist with ambulation, assumes a supine position with expression of pain, SLR is negative bilaterally, inconsistent strength present while testing EHL, gastrosoleus and anterior tibialis with cog-wheeling, palpating lumbar spine reveals hypersensitivity, decreased sensation to both legs in an inconsistent non-dermatomal pattern. Diagnostic impression: chronic spinal pain, findings suggesting non-organic etiology, left shoulder rotator cuff tendinopathy. Treatment to date: medication management, activity modification, physical therapy, acupuncture, injections, TENS unit. A UR decision dated 3/28/14 denied the request for lumbar discography. The records available do not give a clear rationale for the necessity for a lumbar discogram in this case and exactly how a discogram will influence specific treatment decision making in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discography at L3-L4, L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. In addition, ODG states that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. A specific rationale identifying why lumbar discography is indicated in this patient despite lack of guideline support was not provided. Therefore, the request for Lumbar Discography at L3-L4, L4-L5 and L5-S1 was not medically necessary.