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| Case Number: | CM14-0085444 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 03/30/2008 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 Orthopedic Surgery and is licensed to practice in Texas. 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 68 year old female who sustained an injury on 03/30/08 while riding on a bus. The injured worker was thrown forward when the bus came to a sudden stop striking a luggage stand. The injured worker is noted to have had multiple procedures completed to include cervical discectomy and fusion in December 2011 as well as lumbar facet joint injections, facet rhizotomy, and physical therapy for the lumbar spine. The injured worker is noted to have had a prior percutaneous discectomy followed by postoperative physical therapy in October 2013. The injured worker had also been followed by a psychiatrist for concurrent depression and anxiety symptoms secondary to chronic pain. Medications were noted to include benzodiazepines, anticonvulsants, Ambien, and antidepressants. The most recent magnetic resonance image of the lumbar spine from 02/03/14 noted multilevel degenerative disc disease throughout the lumbar spine. There was small disc bulging from L3 through S1 with associated degenerative changes contributing to a mild amount of stenosis from L3 through S1. No clear nerve root impingement or compression was identified. There was an incidental cystic lesion to the left at S2-3 consistent with a Tarlov cyst. The clinical report from 05/03/14 noted the injured worker had continuing tenderness in the lumbar spine with associated trigger point. There was described motor and sensory deficit in the right lower extremity; however, this was not specified on exam. The injured worker did ambulate with an antalgic gait. The requested lumbar discogram L3-L5 with preoperative psychological clearance as well as physical therapy 3 times a week times 3 weeks was denied by utilization review on 05/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM L3-L5 WITH PRE OPERATIVE PSYCHE CLEARANCE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: The clinical documentation provided for review would not support the request for lumbar discography. Also, discography findings were found to not correlate well with findings on magnetic resonance image. The clinical documentation provided for review does not support exceeding guideline recommendations which do not recommend discography. There is no indication from the records that the injured worker has exhausted all reasonable methods to determine pain generators. There is also no pre-discogram psychological evaluation available for review that rules out any possible confounding issues that would potentially impact the study outcome. Based on the clinical documentation provided for review and current evidence based guideline recommendations the request for a L3-S1 lumbar discography with psychological evaluation is not medically necessary.

PHYSICAL THERAPY 3 TIMES PER WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: In regards to the request for physical therapy 3 times a week times 3 weeks, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted. The injured worker is noted to have had an extensive amount of prior physical therapy both pre and postoperatively. At this point in time it is unclear how 9 additional sessions of physical therapy would result in any significant functional improvement given the 6 year old injury. No specific goals were stated by the treating physician and it is unclear what is expected out of physical therapy for this injured worker. Therefore, this reviewer would not have recommended this request as medically necessary.