

Case Number:	CM14-0194708		
Date Assigned:	12/02/2014	Date of Injury:	03/17/2008
Decision Date:	01/20/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52 year old female with an injury date of 03/17/08. The progress reports are handwritten and illegible. As per imaging report dated 03/19/14, the patient suffers from low back pain. The pain has been rated as 8-9/10, per progress report dated 09/15/14. Sitting increased the pain. There was some neuritis-type pain in the right sacral area. Physical examination, as per the Utilization Review Denial Letter, reveals tenderness to palpation over the left L3-4 and L4-5 facets along with the left sacroiliac joints. Facet loading test is positive. The patient also complained of wrist pain in progress report dated 08/13/14. Medications, as per progress report dated 09/15/14, include OxyContin, Percocet and Meloxicam. The patient received some benefit from medial branch block, as per progress report dated 05/21/14. X-ray of the Lumbar Spine, 03/19/14:- Early degenerative disc disease- Degeneration at L3-4 along with facet joint arthritis at L4-5 Diagnoses, based on 04/11/13 evaluation, as per AME report dated 09/20/13:- Fracture, left elbow- Ulnar nerve entrapment, left below- Left trigger thumb- Lumbar disc disease- Left hip capsular tear with subsequent infection The treater is requesting for lumbar Discogram with CT to follow. The Utilization Review denial letter being challenged is dated 11/03/14. The rationale was "There is no documentation that this patient is considered a candidate for lumbar fusion." Treatment reports were provided from 09/20/13 - 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram with CT to follow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Discography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The progress reports are handwritten and illegible. As per imaging report dated 03/19/14, the patient suffers from low back pain which has been rated as 8-9/10, per progress report dated 09/15/14. The request is for Lumbar Discogram with CT to follow. ACOEM, Chapter: 12, page 304, Low Back Complaints state that "Despite the lack of strong medical evidence supporting it, discography is fairly common," and when considered, it should be reserved only for patients who meet the following criteria: (1) Back pain of at least three months duration. (2) Failure of conservative treatment. (3) Satisfactory results from detailed psychosocial assessment. (4) Is a candidate for surgery? In this case, the treater requests for discogram but does not discuss the need for the procedure. There is no documentation of the type of conservative care the patient has undergone and its impact on pain and function. Progress reports do not reflect any impending surgeries nor do they provide a psychological assessment. The patient has degenerative disc condition for which lumbar surgery is not indicated. The request is not medically necessary.