

Case Number:	CM14-0196585		
Date Assigned:	12/04/2014	Date of Injury:	08/07/2010
Decision Date:	01/15/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 New York. 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 45-year-old male with an injury date of August 7, 2010. The patient has chronic low back pain. The patient had lumbar discectomy in 2002 and 2003. The patient had surgery of the lumbar spine again in January 2014. The patient had insertion and removal of the spinal cord stimulator in 2011. The patient continues to have low back pain radiating to the legs. The patient reports he cannot feel having a bowel movement and reported urinary incontinence since his surgery in January 2014. Physical exam shows decreased range of lumbar motion and weakness of the tibialis anterior and quadriceps muscle groups. There is diffuse decreased sensation over both lower extremities and decreased left and right Achilles reflex. Lumbar spine MRI from August 2014 shows foraminal stenosis at L5-S1 with foraminal stenosis also at L3-4 and L4-5. Patient has had medications postoperative physical therapy but continues to have pain. Patient does not have flexion-extension lumbar x-rays. At issue is whether discography and neurologic consult is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Discogram at L4-5 and L5-S1 with control of L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: This patient does not meet established criteria for lumbar fusion surgery. There is no documentation of instability at any level of the lumbar spine. There is no documentation of failure of previous fusion. There is no documentation of tumor or fracture. Discogram is a study that is only performed prior to the performance of lumbar fusion surgery. It is only indicated when bone lumbar fusion surgery is indicated. This lumbar fusion surgery is not medically necessary, discogram is not needed.

1 urology consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: The medical records indicate that this patient has previously been approved for urologic consultation. The patient does have complaints related to bowel and bladder function. These may be neurologic related, however urologic consult is appropriate. Consultation with urologist is appropriate based on documentation the medical records that the patient has difficulty feeling bowel movements and urologic issues. Urologic consultation should be approved.