MAXIMUS Federal Services

Case Number:	CM14-0197299		
Date Assigned:	12/05/2014	Date of Injury:	11/12/2013
Decision Date:	01/23/2015	UR Denial Date:	10/20/2014
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 Georgia. 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 37-year-old male who reported injury on 11/12/2013. The mechanism of injury was not included. His diagnoses included lumbar spine sprain/strain with herniated disc at L4-5, right inguinal hernia, and symptoms of anxiety and depression. His past treatments included epidural steroid injection, and therapeutic facet blocks at the right L4-5 and L5-S1, and left L3-4, L4-5, and L5-S1. An undated magnetic resonance imaging (MRI) was reported to show lumbar disc herniation at L4-5, spastic scoliosis, and mild central canal stenosis. There was no further surgical history documented. The progress report, dated 09/25/2014, noted the injured worker complained of continued low back pain with numbness and tingling to the bilateral legs. He also reported anxiety and depression, with headaches, and insomnia. The physical exam revealed the patient to be in evident low back pain. Lumbar spine flexion was noted to 20 degrees, extension to -5 degrees, right side bending to 15 degrees, and left side bending to 10 degrees. A positive straight leg raise test was noted at 60 degrees on the right, and cross positive at 80 degrees on the left, eliciting pain at the L5-S1 distribution. Lasegue's was noted to be positive on the right and equivocal on the left. Deep tendon reflexes were 1+ at the knees, and absent at the ankle bilaterally. Paraspinal tenderness was noted with spasm, and hypoesthesia was noted at the L4, L5, and S1 dermatomes. Weakness was also noted to the big toe, dorsiflexors, and big toe plantar flexor bilaterally. Medications included Prilosec, Norco, Fioricet, and Ambien. The treatment plan requested authorization for discogram at L4-5 and L5-S1 to isolate the source of pain for possible posterior lumbar interbody fusion at L4-5. The physician reported the discogram will help determine whether pain is caused by an abnormal disc in the spine, and help determine a new treatment plan for back pain. A general surgery consult, handicap placard, and medication refill was also requested. The Request for Authorization form was submitted for review on 10/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Discogram L4-5, L5-S1: Upheld

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

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

Decision rationale: The request for lumbar spine discogram L4-5, L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state there is a lack of strong medical evidence to support discography, and it should be reserved only for patients who have back pain of at least 3 months duration, with failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, and to be a candidate for surgery. The injured worker had a complaint of anxiety, depression, headaches, and insomnia which was not further addressed in the documentation provided. There is a lack of evidence of failure of conservative treatment, and a lack of evidence to support the injured worker being a candidate for specified surgery. Given the above, discography is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

Preoperative Labs CBC, PTT, PT/INR, CEM 7: 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, Preoperative lab testing

Decision rationale: The request for preoperative labs CBC, PTT, PT/INR, CEM 7 is not medically necessary. The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression, and should affect the course of treatment if necessary. The injured worker's medical history was not included. There was a lack of documentation indicating the need for laboratory tests. As such, the need for preoperative labs was not established. Therefore, the request is not medically necessary.