

Case Number:	CM14-0202008		
Date Assigned:	12/12/2014	Date of Injury:	06/06/2005
Decision Date:	02/11/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	12/03/2014

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 Minnesota. 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 developed sudden onset of lumbar pain in the course of his work duties on June 6, 2005. He did not respond to conservative treatment and a lumbar MRI was obtained. This revealed disc protrusion and extrusion at L5-S1 level with narrowing of the entrance to the neural canal on the left. A left L5-S1 microdiscectomy was performed on September 8, 2005. Postoperatively the pain pattern persisted and he was referred to a pain management physician. The MRI was repeated on June 19, 2006 and was interpreted by the radiologist as demonstrating recurrent disc on the left at L5-S1 level which is wrapped disc. Narrowing of the neural canal on the left side at L3-4 as a result of posterior lateral disc protrusion to the neural canal with moderate narrowing of the neural canal at L3-4 on the left. A repeat left L5-S1 hemilaminectomy and repeat discectomy was performed using a microsurgical approach on October 5, 2006. On October 13, 2006 he reported to the emergency room with sudden onset of vertigo. A brain MRI revealed a cerebrovascular accident. An MRI scan of the lumbar spine performed on 9/18/2014 was compared with a previous scan of 12/9/2011. The findings were similar. There was moderate loss of disc height at L5-S1 and mild loss of disc height throughout the rest of the lumbar spine. On 9/26/2014 a nerve conduction study and electromyography revealed a chronic left S1 radiculopathy. The disputed request pertains to a request for CT of the lumbar spine and discography L1-L5. Utilization review noncertified the CT as well as discography.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 310.

Decision rationale: The California MTUS guidelines indicate if there is physiologic evidence of tissue insult or nerve impairment, the selection of an imaging test to define a potential cause includes MRI for neural or soft tissue and CT for bony structures. . The provider is recommending a fusion and a CT is requested to look at the bony anatomy in preparation for the fusion. MTUS guidelines do not recommend a fusion in the absence of fracture, dislocation, complications of tumor, or infection. There is no evidence of instability. As such, the CT scan is not supported and the medical necessity is not substantiated.

L1-2, L2-3, L3-4 and L4-5 Discography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 305.

Decision rationale: California MTUS guidelines do not support the use of discography as a preoperative indication for a fusion. Discography does not identify the symptomatic high intensity zone and concordance of symptoms with the disc injected is of limited diagnostic value. It can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Discography is therefore not recommended. As such, the medical necessity of the request for discography at L1-2, L2-3, L3-4, and L4-5 is not substantiated.

Unknown Pre-Op Labs, EKG and Chest X-Ray: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,304.

Decision rationale: The requested preoperative testing is probably for the discography that is requested. No other surgical procedure has been requested. The discography is not medically necessary and as such the request for unknown preop labs, EKG and chest x-ray is also not medically necessary.