

Case Number:	CM14-0203766		
Date Assigned:	12/22/2014	Date of Injury:	02/07/2013
Decision Date:	02/03/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 60 year old male who sustained repetitive work related injuries from lifting to his neck, upper and lower back and left shoulder on February 7, 2013. He is diagnosed with L4-S1 disc degeneration/facet arthropathy and lateral recess stenosis, bilateral cervical radiculopathy, C6-7 stenosis, chronic cervical pain and left shoulder impingement syndrome with subacromial and subdeltoid bursitis. According to the Utilization Review report the injured worker underwent ankle surgery and on August 20, 2014 a C6-7 fusion. On January 27, 2014 an L4-5, L5-S1 diagnostic facet block was administered with significant benefit and on March 4, 2014 a trigger point injection into spastic musculature at L5-S1 using Lidocaine and methylprednisolone promoted almost complete relief. According to the treating physician's progress reports dated September 30, 2014 the injured worker experiences ongoing low back pain radiating to the buttocks and severe right hip pain. On palpation there is tenderness overlying the facets in the lower lumbar spine. Sensory and vascular are intact in the bilateral lower extremities. Lumbar flexion, extension, left and right lateral bends are diminished and produce pain with motion. The injured worker has received physical therapy with minimal lasting benefit, acupuncture and chiropractic therapy (no dates noted) and medication. The injured worker is temporarily partially disabled (TPD) with modified duties since the injury. The treating physician has requested authorization for a diagnostic L4-5 and L5-S1 discogram. On November 13, 2014 the Utilization Review denied certification for the diagnostic L4-5 and L5-S1 discogram. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) ACOEM Guidelines for diagnostic studies and treatment considerations and the Official Disability Guideline (ODG) Low Back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic L4-5, L5-S1 Discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 10/28/14)

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: Per guidelines, discogram is to test does perform prior to lumbar surgical fusion. This injured does not meet criteria for multilevel lumbar surgical fusion. This injured worker does not meet criteria for any surgical fusion of the lumbar spine. Specifically there is no documentation of instability, fracture, or tumor. The injured worker has no red flag indicators for spinal fusion surgery. Some spinal fusion surgery is not medically necessary, therefore discogram is not needed.