

Case Number:	CM15-0002626		
Date Assigned:	01/13/2015	Date of Injury:	04/09/2013
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old woman sustained an industrial injury on 4/9/2013 to her lumbar spine after falling while changing a light bulb. Evaluations include lumbar spine MRI dated 4/9/2013 showing severe degenerative disc disease, CT scan of the lumbar spine dated 7/2/2014 showing prior surgical procedures. Treatment has included oral medications, surgical intervention, and oral medications. Physician notes dated 7/2/2014 shows continued bilateral low back pain with radicular symptoms along the bilateral lower extremities. Recommendations include lumbar CT to assess etiology of fusion or disc pathology, plastic surgery consultation for aound revision, endoscopy and colonoscopy due to complaints and bleeding, Mylan fentanyl patches, and Percocet. Post-operative physical therapy was put on holdpending assessment of post-operative hardware. On 12/23/2014, Utilization Review evaluated prescriptions for lumbar spine discogram L4-L5 with negative control, L3-L4 with post discogram CT scan by pain physicain, pre-operative medical clearance, post-operative physicial therapy 2X6 to the lumabr spine, and continued aquatic physical therapy 2X4 to the lumbar spine, that were submitted on 1/3/2015. The UR physician noted the lack of documentation of prior conservative treatment including nerve root blocks or epidural injections or psychological evaluation. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Discogram L4-L5 w/Negative Control L3-L4 with Post Discogram Scan by Pain Physician: 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 Chapter, Regarding Discography

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

Decision rationale: California MTUS guidelines does not recommend discography. The guidelines note that recent studies on diskography do not support its use as a preoperative indication for fusion. They note discography does not identify symptomatic high-intensity zones. Since the reliability of discography is poor, its use in this worker is contrary to guidelines, then the lumbar spine discogram with L4-5w/Negative control L3-4 with Post discogram scan by pain physician is neither medically necessary or appropriate.

Pre operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the lumbar spine discogram with L4-5w/Negative control L3-4 with Post discogram scan by pain physician is neither medically necessary or appropriate. then pre-operative medical clearance is not needed

Decision rationale: Since the lumbar spine discogram with L4-5w/Negative control L3-4 with Post discogram scan by pain physician is neither medically necessary or appropriate. then pre-operative medical clearance is not needed.

Post operative physical therapy, twice a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the lumbar spine discogram with L4-5w/Negative control L3-4 with Post discogram scan by pain physician is neither medically necessary or appropriate. then post operative physical therapy, twice a week for six weeks for the lumbar spine is not needed.

Decision rationale: Since the lumbar spine discogram with L4-5w/Negative control L3-4 with Post discogram scan by pain physician is neither medically necessary or appropriate. then post operative physical therapy, twice a week for six weeks for the lumbar spine is not needed

Continue aquatic therapy for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ince the lumbar spine discogram with L4-5w/Negative control L3-4 with Post discogram scan by pain physician is neither medically necessary or appropriate. then continue aquatic therapy for the lumbar spine is not needed.

Decision rationale: Since the lumbar spine discogram with L4-5w/Negative control L3-4 with Post discogram scan by pain physician is neither medically necessary or appropriate. then continue aquatic therapy for the lumbar spine is not needed.