

Case Number:	CM15-0102700		
Date Assigned:	06/05/2015	Date of Injury:	08/06/2010
Decision Date:	07/13/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 57 year old male, who sustained an industrial injury on 8/6/10. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc degeneration; postlaminectomy syndrome lumbar; low back pain; spondyloarthritis; spondylolisthesis; pituitary/hypothalamic disorders; right inguinal hernia. Treatment to date has included multiple surgeries; medications. Diagnostics included CT scan of chest, abdomen, pelvis and brain (1/22/13); Ultrasound renal/bladder (7/23/13); EMG/NCV lower extremities/lumbar (6/3/14); CT scan lumbar spine (10/1/14); MRI lumbar spine (11/18/14); X-rays lumbar spine (1/8/15). Currently, the PR-2 notes dated 4/15/15 indicated the injured worker complains of worsening tingling in the feet. He is awaiting authorization for the artificial disc replacement (ADR) surgery for the lumbar spine using "PRODISC-L". The injured worker does not want a fusion surgery due to his concern of adjacent level breakdown and further surgeries. Physical examination reveals positive tenderness midline, positive tenderness left paraspinals. Lateral bending 10-20 degrees with pain. Extension is 10-20 degrees with mild pain. On forward flexion he is able to reach knees with moderate pain. His heel /toe walking is normal. He has a negative leg raise. X-rays were reviewed on this day and documented as mild degenerative disc disease of L5-S1 with mild retrolisthesis L5-S1 in extension, reduction in flexion and neutral views. A prior CT scan of the lumbar spine is dated 10/1/14 without contrast impression notes: minimal retrolisthesis L5-S1; mild posterior osteophyte disc ridging L3-L4 through L5-S1 extending laterally to the neural foramina, resulting in varying degrees of mild/moderate foraminal narrowing. There is no significant central canal stenosis; intraosseous hemangioma

with in L2. An EMG/NCV lower extremities/lumbar dated 6/3/14 interpretation noted EMG abnormalities in the left lower extremity consistent with chronic left S1 radiculopathy with evidence of some partial prior deviation/subsequent reinnervation. The injured worker has a clinical history of a pituitary adenoma tumor resection (2011); mitral valve disorder and sleep apnea; right inguinal herniorrhaphy on 12/18/14. The provider is requesting authorization of a CT discogram L3-S1 and BUN/Creatinine labs with GFR prior to contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT discogram L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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

Decision rationale: This 57 year old male has complained of low back pain since date of injury 8/6/10. He has been treated with surgery, physical therapy and medications. The current request is for CT discogram L3-S1. Per the ACOEM guidelines cited above, studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. Diskography should be reserved only for patients who meet the following criteria: back pain of at least three months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment, is a candidate for surgery and has been briefed on potential risks and benefits of diskography and surgery. The available medical records do not contain documentation of a psychologic assessment or documentation of the risks and benefits of diskography and surgery. On the basis of the available medical records and per the ACOEM guidelines cited above, CT discogram L3-S1 is not medically necessary.

BUN/Creatinine labs with GFR prior to contrast: Upheld

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

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

Decision rationale: This 57 year old male has complained of low back pain since date of injury 8/6/10. He has been treated with surgery, physical therapy and medications. The current request is for Bun/creatinine labs with GFR prior to CT discogram L3-S1. Per the ACOEM guidelines cited above, studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery.

Diskography should be reserved only for patients who meet the following criteria: back pain of at least three months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment, is a candidate for surgery and has been briefed on potential risks and benefits of diskography and surgery. The available medical records do not contain documentation of a psychologic assessment or documentation of the risks and benefits of diskography and surgery. On the basis of the available medical records and per the ACOEM guidelines cited above, CT discogram L3-S1 is not indicated as medically necessary. Therefore, it follows that the request for Bun/creatinine labs with GFR prior to CT discogram with contrast is also not indicated as medically necessary.