MAXIMUS Federal Services

Case Number:	CM15-0136621		
Date Assigned:	07/24/2015	Date of Injury:	01/14/2012
Decision Date:	08/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: California
Certification(s)/Specialty: Family Practice

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 43 year old female who sustained an industrial injury on 01/14/12. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and cervical and lumbar epidural steroid injections. February 11, 2015 report notes no evidence of spondylolisthesis on flexion/extension X-rays. Diagnostic studies include electrodiagnostic studies of the bilateral upper extremities. Current complaints include neck pain radiating to her arms as well as back pain. Current diagnoses include L5-S1 disc protrusion, acquired and congenital stenosis at C4-6, and lumbar disc protrusion and degenerative disease at L5-S1. In a progress note dated 06/10/15 the treating provider reports the plan of care as cervical physical therapy and a lumbar discogram at L5-S1 with a control at L4-5. The requested treatments include cervical physical therapy and a lumbar discogram at L5-S1 with a control at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram L5-S1 Control L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/ Discography.

Decision rationale: According to the MTUS guidelines, recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, discography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: (1) Back pain of at least three months duration; (2) Failure of conservative treatment; (3) Satisfactory results from detailed psychosocial assessment. (Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.); (4) Is a candidate for surgery; (5) Has been briefed on potential risks and benefits from discography and surgery. The medical records do not establish that the injured worker is a candidate for lumbar fusion as motion radiographs have not established evidence of instability. In addition,per ODG, discography is not recommended . The request for Lumbar discogram L5-S1 Control L4-5 is not medically necessary and appropriate.

Cervical physical therapy 2 x 6 (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, the injured worker has undergone prior physical therapy treatments and in the absence of an exacerbation the request for additional treatment is not supported. Furthermore, the request for

12 sessions exceeds the amount recommended by the MTUS guidelines. The request for Cervical physical therapy 2 x 6 (12 visits) is not medically necessary and appropriate.