

Case Number:	CM15-0141091		
Date Assigned:	08/03/2015	Date of Injury:	12/24/2011
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: Orthopedic 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:

The injured worker is a 45 year old female, who sustained an industrial injury on December 24, 2011. She reported a back injury. The injured worker was diagnosed as having unspecified thoracic or lumbar lumbosacral neuritis or radiculitis and lumbago. On February 11, 2014, an MRI of the lumbar spine revealed at lumbar 4-5: a broad-based posterior disc bulge in addition to a right posterolateral 3-4 millimeter foraminal disc protrusion with annular fissure, resulting in mild canal and mild right lumbar 4 foraminal stenosis. The medical records refer to X-rays being performed on January 2015 and June 11, 2015, but the reports were not included in the provided medical records. Treatment to date has included 12 sessions of physical therapy, chiropractic therapy, acupuncture, an epidural steroid injection, facet injection, and medications including analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of diabetes. On June 11, 2015, the injured worker reported lumbar spine pain. The physical exam revealed decreased lumbar range of motion in all directions by 10-15 degrees with pain, a positive left straight leg raise at 40 degrees with left foot radiculopathy, a positive sensory deficit and motor weakness at the left lumbar 4-5, positive lumbar spine triggers, and difficulty toe walking. The treating physician noted that the new X-rays revealed lumbar 4-sacral 1 disc narrowing. Her work status was return to modified work with other restrictions per the primary treating physician. The treatment plan includes a lumbar discogram at lumbar 4-sacral 1 prior to surgery. Requested treatments include: Spine surgery: lumbar discogram at lumbar 4-sacral 1,

Pre-operative lab-pregnancy, Postoperative Ultracet, and Postoperative physical therapy 3 times a week over 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgery: L4-S1 Lumbar discogram: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography.

Decision rationale: Per the CA MTUS/ACOEM Low Back complaints, page 304, regarding discography, recent studies on diskography does not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk 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. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. ODG, Low back, discography states that discography is indicated if there is satisfactory results from a detailed psychosocial assessment. There is no evidence in the exam note from 6/11/15 that a detailed psychosocial assessment has been performed. Therefore the request is not medically necessary.

Pre-operative lab-pregnancy: 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 Official Disability Guidelines (ODG) Low Back, Preoperative Testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative Ultracet 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 80.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative physical therapy 3 times a week over 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s
25-26.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.