

Case Number:	CM15-0186767		
Date Assigned:	09/28/2015	Date of Injury:	01/18/2015
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, 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:

This is a 64 year old female with a date of injury of January 18, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain and lower extremity radiculopathy. Medical records dated May 29, 2015 indicate that the injured worker complains of neck pain radiating to the left arm, hand and finger with paresthasias and numbness, and lower back pain radiating down the posterior aspect of the bilateral hips, buttocks, thighs and knees, with intermittent paresthasias, numbness, tingling, and pins and needles of the buttocks and thighs.. Records also indicate the injured worker complains of frequent urination and pain with voiding. A progress note dated July 28, 2015 notes subjective complaints of pain returning following selective nerve root block on July 13, 2015 rated at a level of 4 to 5 out of 10. Per the treating physician (June 22, 2015), the employee was capable of working full duty without restrictions. The physical exam dated May 29, 2015 reveals tenderness to palpation of the lower back, decreased range of motion of the lumbar spine, difficulty walking on toes and heels, back, buttock, and thigh pain with straight leg raising, and decreased sensation in the bilateral posterior thighs and buttocks. The progress note dated July 28, 2015 documented a physical examination that showed limited range of motion of the lumbar spine in all planes, tenderness to palpation of the bilateral lumbar paraspinals, positive facet loading bilaterally, equivocal straight leg raise bilaterally, and intact sensation to light touch throughout the bilateral lower extremities. Treatment has included magnetic resonance imaging of the lumbar spine (February 25, 2015) that showed disc extrusion at L3-4 and disc protrusion at L4-5 with moderate to severe neural foraminal narrowing at L3-4, an unknown number of

physical therapy sessions, electromyogram of the bilateral lower extremities (July 16, 2015) that showed evidence of a chronic right lumbosacral radiculopathy involving the right L5 nerve root, and medications (Ibuprofen and Soma since at least May of 2015). The original utilization review (September 10, 2015) non-certified a request for L2-3, L3-4, L4-5, L5-S1 discogram computed tomography scan of the lumbar spine without contrast under fluoroscopic guidance and sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3, L3-4, L4-5, L5-S1 Discogram CT scan of the lumbar spine without contrast under fluoroscopic guidance and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 chapter and pg 25.

Decision rationale: According to the guidelines, Discography is not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. In this case, the claimant has undergone imaging and diagnostics. There was also a plan for a CT after the discogram. Plan for surgery was not substantiated. The notes did not indicate how the discogram would alter intervention or outcome. The request is not medically necessary.