

Case Number:	CM15-0028974		
Date Assigned:	02/20/2015	Date of Injury:	12/19/2013
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: Physical Medicine & Rehabilitation

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 24 year old male, who sustained an industrial injury on December 19, 2103. The injured worker had reported neck, back and shoulder injuries related to a fall. The diagnoses have included lumbar degenerative disc disease with bulging discs, low back pain, shoulder pain with rotator cuff tendinitis impingement and pain in the thoracic spine. Treatment to date has included medications, physical therapy and epidural injection times two without relief. Current documentation dated January 8, 2015 notes that the injured worker complained of worsening low back pain with radiation to both lower extremities and shoulder pain. He noted some improvement in the pain level and improvement in function with the current pain medications. Physical examination of the lumbar spine revealed no tenderness to palpation, range of motion was normal and a positive straight leg raise bilaterally. Pain with axial loading was noted. Right upper extremity examination revealed tenderness to palpation and a normal range of motion. On January 30, 2015 Utilization Review non-certified a request for a discogram-lumbar spine at three levels (lumbar one-lumbar two, lumbar three-lumbar four, lumbar five-sacral one) and Morphine Sulfate IR 30 mg #120. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram- Lumbar Spine 3 Levels L1-L2, L3-L4, L5-S1: 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 - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): L304-305.

Decision rationale: While recent studies indicate discography to be relatively safe and have a low complication rate, some studies suggest the opposite to be true, with significant symptoms exhibited for years post-procedure. In any case, clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of symptoms, and, therefore, directing intervention appropriately. Per Guidelines for CT Lumbar Discogram, recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion as it 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. However, Diskography may be used where fusion is a realistic consideration, and despite the lack of strong medical evidence supporting it, diskography should be reserved only for patients who meet the criteria to include failure of conservative treatment, candidacy for lumbar fusion from instability, and cleared detailed psychosocial assessment, of which has not been demonstrated from the submitted reports. Submitted reports have not adequately demonstrated support for the discogram outside the recommendations of the guidelines. The Discogram- Lumbar Spine 3 Levels L1-L2, L3-L4, L5-S1 is not medically necessary and appropriate.

Prescription for MS IR 30mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document

for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The prescription for MS IR 30mg, #120 is not medically necessary and appropriate.