

Case Number:	CM15-0212438		
Date Assigned:	11/02/2015	Date of Injury:	12/14/2006
Decision Date:	12/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/28/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old female who sustained an industrial injury on 12-14-2006. According to a progress report dated 09-16-2015, the injured worker reported neck pain and low back pain. Back pain radiated down the bilateral lower extremities. Pain was accompanied by numbness constantly in the bilateral lower extremities to the level of the hips to the level of the thighs to the level of the knees to the level of the calves to the level of the feet to the level of the toes and muscle weakness constantly in the bilateral lower extremities. Pain was described as aching, burning, sharp and severe in severity. Frequent muscle spasms in the low back bilaterally was also reported. Examination of the lumbar spine demonstrated spasms at L3-S1 in the paraspinal musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-5. Range of motion was moderately limited secondary to pain. Sensory exam showed decreased sensitivity to touch along the L5-S1 dermatome in the right lower extremity. Motor exam showed decreased strength of the extensor muscles along the L5-S1 dermatome in the right lower extremity. Straight leg raise in the seated position was positive on the right for radicular pain at 45 degrees. Diagnoses included chronic pain other, lumbar radiculopathy, status post fusion lumbar spine, status post left shoulder arthroscopy, status post spinal cord stimulator removal and status post hardware removal. The treatment plan included trigger point injections and medications. The injured worker scored 27 on The Beck Depression Inventory indicating moderate depression. On 09-29-2015, Utilization Review non-certified the request for 2D CT scan of the lumbar spine and pain management consultation for a lumbar discography.

IMR ISSUES, DECISIONS AND RATIONALES

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

2D CT Scan of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic CT (computed tomography)).

Decision rationale: The injured worker sustained a work related injury on 12-14-2006. The medical records provided indicate the diagnosis of chronic pain other, lumbar radiculopathy, status post fusion lumbar spine, status post left shoulder arthroscopy, status post spinal cord stimulator removal and status post hardware removal. Treatments have included Lumbar fusion, Hardware removal, spinal simulator implant, medications. The medical records provided for review do not indicate a medical necessity for 2D CT Scan of The Lumbar Spine. The MTUS recommends CT Lumbar for suspected bony lesions of the Lumbar spine, but does not elaborate. Also, the MTUS recommends against indiscriminate imaging, to avoid finding things that are unrelated to the condition. Nevertheless, the MTUS recommends imaging in cases of unequivocal neurological dysfunction. The official Disability Guidelines elaborated on CT Lumbar, with a general recommendation against CT Lumbar, except under the following circumstances: - Thoracic spine trauma: equivocal or positive plain films, no neurological deficit- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, infectious disease patient, Evaluate pars defect not identified on plain x-rays, Evaluate successful fusion if plain x-rays do not confirm fusion. The medical records indicate the injured worker had Lumbar fusion, but hardware has been removed; a recent follow up MRI revealed intact fusion site, but with possibility of breakdown of the site above the fused area. The medical records does not indicate the injured worker belongs to the category recommended by the Official Disability Guidelines. Therefore, the requested treatment is not medically necessary.

Pain Management Consultation for A Lumbar Discography: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Discography.

Decision rationale: The injured worker sustained a work related injury on 12-14-2006. The medical records provided indicate the diagnosis of chronic pain other, lumbar radiculopathy, status post fusion lumbar spine, status post left shoulder arthroscopy, status post spinal cord stimulator removal and status post hardware removal. Treatments have included Lumbar fusion, Hardware removal, spinal simulator implant, medications. The medical records provided for

review do not indicate a medical necessity for Pain Management Consultation for A Lumbar Discography. The MTUS does not recommend discography except if the following are met:- Back pain of at least three months duration. Failure of conservative treatment. Satisfactory results from detailed psychosocial assessment. (Diskography 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.) Is a candidate for surgery. Has been briefed on potential risks and benefits from diskography and surgery. The Official Disability Guidelines does not recommend it. Also, the Official Disability Guidelines states, "Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification." Therefore, the requested treatment is not medically necessary.