

Case Number:	CM15-0219735		
Date Assigned:	11/13/2015	Date of Injury:	12/06/2014
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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, Texas

Certification(s)/Specialty: Internal 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 56-year-old female, who sustained an industrial injury on 12-6-14. The injured worker was diagnosed as having other intervertebral disc displacement-lumbar region; lumbar spinal stenosis; other spondylosis with radiculopathy. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (10-15-15). Currently, the PR-2 notes dated 10-14-15 indicated the injured worker complains of constant pain in lower back and cannot stand up or walk. She is requesting pain medication refills on this visit. The provider notes "pain is rated 10 out of 10. Medications are listed as: Lisinopaic, Metformin, Sentaqline, Hydrocodone, and Ganvatin." On physical examination the provider notes "Lumbar: motion decreased all directions 15-25 degrees with pain, positive straight leg raise left leg radiculopathy along L5-S1 dermatomes, positive sensory decrease along left S1 dermatome; positive motor weakness left L5 S1." The treatment plan includes a request for a lumbar discogram prior to surgery. He notes the injured worker has failed epidural steroid injection, physical therapy x12, and NSAIDS and narcotics for one year. A MRI of the lumbar spine without contrast was done on 10-15-15 revealing: "Moderate spinal stenosis and left-greater-than-right lateral recess narrowing at L4-5 secondary to 6mm central disc herniation-posterior facet arthropathy. Mild-to-moderate spinal stenosis L3-4; possible left L3 nerve root impingement..." A CR Lumbar spine 2V-3V dated 10-15-15 reveals: "moderate degenerative disc disease most pronounced at L5-S1 with associated facet arthrosis at L4-5 and L5-S1." A Request for Authorization is dated 11-9-15. A Utilization Review letter is dated 10-26-15 and non-certification for L3-L4 discogram, L4-L5 discogram and L5-S1 discogram; Post op Ultracet37.5-325 mg #60 and Post-op physical therapy for lumbar spine 3x3. A request for

authorization has been received for L3-L4 discogram, L4-L5 discogram and L5-S1 discogram; Post op Ultracet 37.5-325 mg #60 and Post-op physical therapy for lumbar spine 3x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 discogram, L4-L5 discogram and L5-S1 discogram: Upheld

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

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.

Decision rationale: The injured worker is a 56-year-old woman with chronic low back pain with neurologic deficit. The documentation supports that she is being evaluated for surgery with imaging including discography of the lumbar spine. According to the MTUS CT or MRI is the preferred imaging modality to assess preoperative anatomy. In this case, an MRI of the lumbar spine was done on 10/15/15. The documentation does not support that further imaging is necessary. The ODG also does not recommend discography. The medical necessity for discogram is not met.

Post op Ultracet 37.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to the MTUS, management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation does not support that the patient has had lumbar surgery approved. The medical necessity for post-op opioid analgesic medication is not made.

Post-op physical therapy for lumbar spine 3x3: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: According to the MTUS, regarding post-op lumbar surgery physical therapy, as compared with no therapy, therapy (up to 20 sessions over 12 weeks) following disc herniation surgery was effective. Because of the limited benefits of therapy relative to massage, it is open to question whether this treatment acts primarily physiologically, but psychological factors may contribute substantially to the benefits observed. In this case, the documentation does not support that the patient has had lumbar surgery authorized; the need for post-op therapy is not made.