

Case Number:	CM15-0042351		
Date Assigned:	03/12/2015	Date of Injury:	08/13/2010
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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, Hawaii

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 34-year-old male who sustained an industrial injury on August 13, 2010. He has reported injury to the low back, right ankle and has been diagnosed with mechanical low back pain with right leg weakness, right ankle sprain/strain, and weakness of the right lower extremities hip flexors. Treatment has included medications, brace, and epidural steroid injections. Currently the injured worker complains of low back pain with right sided numbness and weakness. There was persistent weakness and pain in the right ankle and low back. The treatment plan included medical imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine CT scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Chapter, and Imaging (CT).

Decision rationale: The patient has low back pain with numbness in the right lower extremity. The current request is for lumbar spine CT scan. ODG notes that CT is not recommended except for certain indications including trauma and neurologic deficit. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. In this case, an MRI has previously been performed which showed degenerative changes at L5/S1. An NCV study corroborated L5 radiculopathy. The attending physician offers no clear rationale for now requesting a lumbar CT. As such, recommendation is for denial. Therefore, the request is not medically necessary.

Discogram L3-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 (Acute & Chronic) updated 02/22/13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Chapter, and Discography.

Decision rationale: The patient has low back pain with numbness in the right lower extremity. The current request is for discogram L3-S1. The attending physician states, "in regards to his low back, based on the 2011 MRI it is not clear the source of his pain and I believe he is a candidate for lumbar discography L3-4, L4-5, and L5-S1, We suspect pain is arising from the L5-S1 segment. EMG evaluation by [REDACTED] possibly confirming right L5 radiculopathy." The CA MTUS is silent on this issue. The ODG has this to say about discography, 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. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. (Pain production was found to be common in non-back pain patients; pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing.) In addition, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. Discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not allow fusion). In this case, an MRI was performed in 2011, which showed degeneration without nerve root impingement. A nerve conduction study confirmed L5 radiculopathy. According to the ODG, if discography is allowed, certain criteria have to be met.

One of the criteria is failure of conservative treatment, including active physical therapy. The available documentation does not provide evidence of a failure of active physical therapy and also does not indicate that surgery is being considered as the next option. The 2/15/15 PR-2 report indicates a request for physical therapy has been approved and the patient is to begin a course of physical therapy. If the patient fails a course of active physical therapy, the request for discography could be reconsidered. At this time however, medical necessity has not been established and as such, recommendation is for denial. Therefore, the request is not medically necessary.