

Case Number:	CM14-0143632		
Date Assigned:	09/12/2014	Date of Injury:	09/01/2009
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old male who reported injury on 09/01/2009. The mechanism of injury was the injured worker was performing an oil change when he noted the onset of pain and numbness involving the right side of his body. The injured worker had an MRI of the cervical spine, lumbar spine and x-rays. The injured worker underwent an EMG/nerve conduction study of the bilateral lower extremities, and the physician documented the EMG results were positive for L5 radiculopathy. The prior therapies included physical therapy and epidural steroid injections. The injured worker had a C5-7 anterior cervical corpectomy, decompression, and a placement of interbody cages and fusion on 02/03/2014. The injured worker's medication history included Cymbalta 30 mg 1 per day, Hydrocodone 10/325 mg 4 to 6 per day, Benzapril 10 mg 1 per day, Omeprazole 10 mg 1 per day, Neurontin 300 mg 3 times a day, Ambien 10 mg 1 at bedtime, Losartan 50 mg, Fluticasone 50 mcg, Loratadine, Lotensin 10 mg, Finasteride 5 mg and Aciphex 20 mg. The injured worker underwent a psychological evaluation on 07/03/2014 in which the physician opined that the injured worker should be provided psychiatric and psychological treatment on an industrial basis due to a significant depression over his inability to work and function as well as about his surgery. The duration of psychiatric treatment would be dependent upon the efficacy of the neck and lumbar surgery. The injured worker's diagnoses included depressive disorder not otherwise specified, resolved, orthopedic pain and discomfort, psoriasis, and other physical disorders deferred to appropriate medical specialists, and a Global Assessment of Functioning of 60. Additionally, the injured worker had worries about health, including whether his pain would improve and worries about his undergoing surgery. The documentation of 07/29/2014 revealed the injured worker had complaints of pain in the neck and low back. The injured worker complained of erectile dysfunction. The objective findings regarding the lumbar spine revealed decreased range of motion. There was a

positive straight leg raise at 75 degrees bilaterally. There was hypoesthesia at the anterior lateral aspect of the foot and ankle and of incomplete nature noted at the L5 and S1 dermatome distribution. There was paraspinal tenderness with paraspinal spasms. The diagnoses included lumbar sprain and strain, degenerative disc disease, status post epidural steroid injection x2, herniated lumbar disc at L2-3 of 4.5 mm, L3-4 of 4.3 mm, L4-5 of 5.9 mm, and L5-S1 of 4.5 mm, and positive MRI with L5 radiculopathy. The treatment plan included a continuation of a Request for Authorization for a discogram at the level of L2-3, L3-4, L4-5, and L5-S1 to exclude L2-3 and L3-4 as a source of pain for a possible posterior lateral interbody fusion at L4-5 and L5-S1. The physician further opined the results of the discogram would help determine a new treatment plan for the back pain or in preparation for a spinal fusion. The prior date of request could not be determined through supplied documentation. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at the Level of L2-L3, L3-L4, L4-L5, and L5-S1 to exclude L2-L3 and L3-4 possible PLIF at L4-5 and L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Environmental Medicine indicates that the use of discography should be reserved for injured workers who have had back pain of at least 3 months' duration, have a failure of conservative treatment, who have had a detailed psychosocial assessment, are a candidate for surgery, and who have been briefed on potential risks and benefits from discography and surgery. The guidelines further indicate that recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion. The clinical documentation submitted for review failed to provide the injured worker had a failure of conservative treatment and had a psychological clearance for surgical intervention. Additionally, there was a lack of documentation including exceptional factors to warrant nonadherence to guideline recommendations as discography is not supported for a fusion. Given the above, the request for Discogram at the level of L2-L3, L3-L4, L4-L5, and L5-S1 to exclude L2-L3 and L3-4 possible PLIF at L4-5 and L5-S1 level is not medically necessary.

Surgical Clearance (ECG, Pre-Operative labs, Chest X-ray) with Internal Medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.