

Case Number:	CM14-0097911		
Date Assigned:	07/28/2014	Date of Injury:	04/05/2013
Decision Date:	09/25/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/26/2014

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 Physical Medicine, Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 27-year-old male who reported an injury on 04/05/2013. The mechanism of injury was not provided. The treatment was noted to include physical therapy, medications, surgery, and a lumbar epidural steroid injection. The injured worker's spinal surgery included a laminectomy, discectomy, and foraminotomy at L2-3 and L3-4. The injured worker underwent an MRI of the lumbar spine with and without contrast on 11/27/2013 which revealed at L5-S1 there was a right sided disc protrusion encroaching upon the S1 nerve root. There was lateral recess stenosis at L4-5. The documentation of 04/23/2014 revealed the injured worker had ongoing low back complaints. The physical examination revealed the injured worker had a limp and was unable to walk on his toes and heels due to a combination of pain and balance disturbance. The injured worker had patches of numbness at L2-3 and L4-5. The diagnoses included large disc extrusion left central L2-3 with myelopathy; quads, tibialis anterior, and EHL weakness as well as loss of reflex; discopathy at L4-5 and L5-S1 with a broad based disc protrusion and disc space narrowing; and probable cauda equina syndrome. The treatment plan included a discogram. Additionally, the documentation indicated the injured worker should complete his current course of physical therapy. There was no Request for Authorization submitted for the discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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 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 clinical documentation submitted for review indicated the injured worker was utilizing conservative treatment and as such there was a lack of documentation of a failure of conservative care. There was a lack of documentation indicating the injured worker had a detailed psychosocial assessment and was a candidate for surgery. Given the above, the request for discogram L4-5, L5-S1 is not medically necessary.