

Case Number:	CM14-0210247		
Date Assigned:	12/23/2014	Date of Injury:	07/11/2013
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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
 Certification(s)/Specialty: Orthopedic Surgery, Sports 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 40-year-old male who reported a work related injury on 07/11/2013. The mechanism of injury was not provided for review. His diagnoses were noted to include lumbar sprain/strain, right groin sprain/strain, acute anxiety and panic disorder, panic attacks and nausea. His past treatments were noted to include physical therapy, medication, 3 epidural steroid injections. Per clinical note, dated 10/21/2014, it was noted that the injured worker had anxiety and panic attacks and was awaiting psych evaluation. He finished his third epidural steroid injection to the lumbar spine with no lasting relief. He continued to complain of low back pain, which he rated at as an 8/10 on the VAS. Upon physical examination, lumbar spine range of motion flexion was 45 degrees, extension 15 degrees, bending to right and to the left 20 degrees. There was a positive straight leg raise test at 75 degrees on the right and caused positive 90 degrees of the left, eliciting pain at L5-S1 dermatome distribution. Deep tendon reflexes for the knees were +2 and absent on the right ankle, and +1 on the left ankle. There was hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted L4, L5 and S1 dermatomes bilaterally. There was weakness in the big toe dorsiflexion and big toe plantar flexor bilaterally. There was paraspinal tenderness with paraspinal spasms noted. There was SI joint tenderness. Current medications were not provided for review. The treatment plan consisted of a discogram, postop LSO brace and famotidine. The rationale for the request was the injured worker failed conservative treatment, as well as 3 epidural steroid injections to the lumbar spine. The Request for Authorization form was submitted for review 11/20/2014.

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation The Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Discography.

Decision rationale: The request for Discogram at the level of L3-L4, L4-L5, and L5-S1 is not medically necessary. The California MTUS Guidelines state discography is not recommended for assessing patients with acute low back symptoms. More specifically, the Official Disability Guidelines state discography is not recommended. In the past, discography has been used as a part of the preoperative evaluation of patients for consideration of surgical intervention for low back pain. However, conclusions of recent, high quality studies on discography have been significantly questioned. The use of discography results as a preoperative indication for either IDET or spinal infusion. In this case, there is limited evidence of surgical planning for spinal fusion to support the requested discogram. Additionally, multilevel discography is not supported as a diagnostic indicator for surgical intervention, but is supported when there is already a supported plan and there is questioning of included or excluding an adjacent level. The documentation provided for review does not indicate that these conditions are met. Therefore, the request is not medically necessary.

Post op LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Lumbar supports.

Decision rationale: The request for Post op LSO Brace is not medically necessary. The California MTUS/ACOEM Guidelines state that lumbar supports are not recommended for prevention. More specifically, the Official Disability Guidelines state that lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, postoperative treatment and treatment of nonspecific low back pain. In regards to the injured worker, it was noted that he underwent 3 steroid injections at bilateral L3-S1. Within the documentation provided for review, there is no evidence for the use of an LSO brace post injection. Additionally, there is no evidence of spinal instability or spondylolisthesis to support an LSO brace. Therefore, the request is not medically necessary.

Famotidine 40 mg, 1 BID #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/famotidine.html>.

Decision rationale: The request for famotidine 40 mg, 1 BID #90 is not medically necessary. Drugs.com state famotidine is used to treat and prevent ulcers in the stomach and intestines. It also treats conditions in which the stomach produces too much acid. Famotidine is indicated for short term treatment of patients with symptoms of GERD. However, within the documentation provided for review, there is no documentation of any gastrointestinal issues that would support the use of this medication. Therefore, the request is not medically necessary.