

Case Number:	CM14-0214142		
Date Assigned:	01/07/2015	Date of Injury:	12/28/2000
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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: 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 patient is a 54 year-old male with a 12/28/2000 date of injury. According to the 12/02/2014 pain management report the patient presents with low back and right hip pain. The patient injured her low back from a fall from a ladder and underwent T12-L1 fusion in Sept 2004. She had relief of thoracic pain, but the lumbar, right hip and thigh pain persisted. The 12/2/14 report states she has pain at the right iliac crest at the donor site of bone for her fusion, and pain over the right lower quadrant abdomen at the former site of the spinal cord stimulator (SCS removed on 3/8/2011). Pain is 3-10/10, averaging 4/10. MRI from 10/2012 showed right L4 nerve root compression, but the transforaminal epidural steroid injection at L4/5 on 2/18/13 only provided temporary slight reduction in pain and no impact on functional capacity. Diagnostic medial branch blocks gave no relief. The treatment plan includes refill of Percocet and Baclofen and to appeal the denial of the discogram. The request for the discogram appears to originate from the 7/1/13 report from [REDACTED]; the physician notes subjective complaints following the right L5 nerve root, but does not have any deformity or nerve root compression on imaging. The physician suggested lumbar discography at L4/5 and L5/S1. On 9/22/14 the patient was seen by a different orthopedist that did not have the [REDACTED] report; and this physician recommended discography L3, L4 and L4/5 "to assess the disc in more detail lumbar spine, to assess her main pain generator" The most recent MRI of the lumbar spine is dated 10/11/2014 shows moderate bilateral foraminal stenosis at L4/5 from disc osteophyte complex and at L5/S1 from moderate facet arthropathy. On 12/08/2014 utilization review denied a right L5/S1 SNRB because the

reviewer did not see evidence of radiculopathy and on 10/23/2014 utilization review denied the CT and Discogram L2-S1 because it was denied twice previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block right L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Epidural steroid injections (ESIs) . Page(s): 46.

Decision rationale: The 10/14/14 lumbar MRI shows disc osteophyte complex and facet arthropathy causing moderate bilateral foraminal stenosis at L4/5 and L5/S1. Exam findings from 1/5/15 shows SLR on the right at 45 degrees caused back pain and pain down the right leg. There was decreased sensation on the right 2nd, 3rd, 4th toes. This is consistent with the L5 radiculopathy identified by the orthopedists at [REDACTED] and the 9/22/14 orthopedic evaluation. The patient had a prior lumbar transforaminal epidural injection at L4/5 that was not beneficial. The request is for a nerve block at a different level. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing." The patient meets the MTUS criteria for a right L5 epidural injection. The request for the Selective nerve root block right L5-S1 IS medically necessary.

Discogram L2-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), for Discography.

Decision rationale: The patient has had a discogram prior to her T12-L1 fusion in 2004. She had persistent low back pain and a specialist at [REDACTED] suggested discography at L4/5 and L5/S1. A second orthopedist recommended discography for L3, L4 and L5. This review is for a discogram L2-S1. The requests for discography are inconsistent with respect to the levels. MTUS chronic pain and ACOEM guidelines did not discuss discography. ODG-TWC guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic), for Discography states these are not recommended. ODG-TWC states that if the provider and payor agree to perform anyway, all criteria must be met including: An MRI demonstrating one or more degenerated discs as well as

one or more normal appearing discs to allow for an internal control injection; a Satisfactory results from detailed psychosocial assessment; and Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification. Discography is not recommended in ODG, and even if performed anyway, the ODG criterion has not been met. There is no discussion of a normal disc on MRI for control; there is no detailed psychosocial assessment; and there was a prior lumbar surgery. The request for Discogram L2-S1 IS NOT medically necessary.

CT scan to follow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), for Discography.

Decision rationale: This request for the "CT scan to follow" was intended to be associated with the discography for the CT Discogram. The discography is not recommended. The patient had had a recent lumbar MRI dated 10/14/14, and the need or for a CT scan without discography was not provided. ODG-TWC guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic), for Discography states: Both routine x-ray imaging during the injection and post-injection CT examination of the injected discs are usually performed as part of the study. The discography is not recommended, so the "CT scan to follow" would not be indicated. The request for "CT scan to follow" IS NOT medically necessary.