

Case Number:	CM15-0016205		
Date Assigned:	02/04/2015	Date of Injury:	03/17/2008
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old female who sustained a work related injury on March 17, 2008, when she injured her back after moving a desk. Treatment included epidural injections, pain medications and physical therapy. Her symptoms included back pain with radiating pain down into her left leg. Magnetic Resonance Imaging (MRI) showed disc disease and she underwent lumbar spine surgery in December, 2008. Diagnoses included lumbar disc disease, left hip bursitis and groin strain and a left trigger thumb after a fall. Her hip continued to be weak and she had frequent falls resulting in a fracture of the radial head. She continued with steroid injections for hip pain. Currently, in October, 2014, the injured worker complained of continued low back pain, hip pain with intermittent pain in the elbows, wrists and shoulders. On December 31, 2014, a request for a Lumbar Discogram with a Computed Tomography (CT) to follow was non-certified by Utilization Review, noting, the American College of Occupational and Environmental Medicine Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram with CT to follow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): page(s) 303-306, 309, page(s) 287-315.

Decision rationale: The ACOEM Guidelines recommend the use of CT or MRI when cauda equina syndrome, tumor, infection, or lower back fracture is strongly suspected but x-rays do not show the reason for the abnormal findings. MRI is preferred in general, especially if there is a history of prior back surgery. The ACOEM Guidelines do not recommend the use of discography (a discogram) in this setting. False positive results involving both the upper and lower back are not uncommon, and negatives result also have limited reliability. Further, ongoing pain related to the procedure itself can occur. When discography is considered, the Guidelines require the worker to have had pain for at least three months, documentation of failed conservative treatment, satisfactory results from a detailed psychosocial assessment to limit the risk of negative effects, the worker to be a surgical candidate, and a documented discussion with the worker detailing the risks and benefits of discography and of surgery. The submitted and reviewed documentation indicated the worker was experiencing lower back pain, among other issues. There was no discussion indicating the detailed reasons these studies were needed or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a lumbar discogram and CT is not medically necessary.