

Case Number:	CM15-0114068		
Date Assigned:	06/25/2015	Date of Injury:	02/04/2006
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 69-year-old male who sustained an industrial injury on 2/04/06. Injury occurred while trying to lift a resident who had fallen from his bed. The 5/24/11 electrodiagnostic study evidenced chronic left L4 and S1 and right L5 radiculopathy, and moderately severe acute and chronic left L5 radiculopathy. Conservative treatments to date include medications, physical therapy, acupuncture, and lumbar epidural steroid injections. The 2/17/15 lumbar spine MRI impression documented dextroscoliosis, disc desiccation and scattered marginal osteophytes of the lumbar spine. There was bilateral facet hypertrophy at L5/S1. At L4/5, there was grade 1 anterolisthesis of L4 on L5/S1 and a 4 mm right posterolateral disc protrusion with mild to moderate right foraminal narrowing. At L3/4, there were endplate marrow changes with a 3 mm broad-based disc bulge with mild bilateral foraminal narrowing. At L1/2 and L2/3, there were 2 mm broad-based disc bulges with mild bilateral foraminal narrowing. At T12/L1, there was a 2 mm broad-based disc bulge effacing the ventral CSF space. The 4/23/15 spine surgeon initial report documented restricted and painful lumbar range of motion, positive straight leg raise left greater than right, difficulty heel walk, and positive lumbosacral triggers. The diagnosis was thoracolumbar neuritis/radiculitis, and lumbago. The treatment plan recommended discogram L3-5 prior to fusion, and pre-operative psychological clearance. The 4/29/15 treating physician report documented that the injured worker underwent bilateral L4/5 epidural steroid injection on 4/7/15 with 70% relief of lower extremity radicular pain, numbness, tingling, and burning. He reported continued severe low back pain with pain in both hips and knees and continued lower extremity weakness. He also had symptoms of

insomnia, depression and anxiety. Physical exam documented bilateral paraspinal tenderness, limited range of motion, and negative straight leg raise. There was left 4/5 tibialis anterior, peroneus longus/brevis, and extensor hallucis longus weakness, with hypesthesia in the right calf and left L5 dermatomal distribution. Deep tendon reflexes were diminished on the left with 1+ patellar and trace Achilles reflexes. The treatment plan recommended continued medications and noted spine surgery had been recommended. Authorization was requested for an L3-5 lumbar discogram, preoperative laboratory studies and urinalysis, and postoperative physical therapy for the lumbar spine, three times a week for 3 weeks. The 6/3/15 utilization review non-certified the request for L3-L5 discogram as guidelines did not support routine approval, it was not predictive of surgical outcomes, and any treatment planning could be done using available imaging studies. The requests for pre-operative lab studies and urinalysis and post-op physical therapy were non-certified as the associated surgical request was not found medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 lumbar discogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back i½ Lumbar & Thoracic, Discography.

Decision rationale: The California MTUS ACOEM guidelines indicate that there is a lack of strong medical evidence supporting discography and should only be considered for patients who meet specific criteria. Indications include back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from discography and surgery. The Official Disability Guidelines, updated 7/17/15, state that discography is not recommended. The conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. Should discography be utilized, criteria require imaging evidence of one or more degenerated discs and one or more normal appearing disc to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection). Guideline criteria have not been met. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this injured worker's clinical scenario. Imaging showed disc disease at all lumbar levels, which does not allow for an internal control injection. Additionally, there is no evidence that a psychological assessment has been completed. There is no compelling reason to support the medical necessity of this request in the absence of guideline support. Therefore, this request for is not medically necessary.

Related surgical service: Pre-op labs, UA: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have not been met. A generic request for non-specific pre-operative lab work is under consideration. Although, basic lab testing would typically be supported for patients undergoing general anesthesia, the medical necessity of a non-specific lab request cannot be established. Additionally, there is no evidence in the submitted records that an associated surgical procedure has been approved. Therefore, this request is not medically necessary.

Post-operative physical therapy for the lumbar spine, three times weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Although this request for post-op physical therapy for the lumbar spine is consistent with Post-Surgical Treatment Guideline recommendations for initial post-fusion treatment, there is no evidence that the associated surgical procedure has been found medically necessary. Therefore, this request is not medically necessary.