

Case Number:	CM15-0029566		
Date Assigned:	02/23/2015	Date of Injury:	06/27/2000
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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: California
 Certification(s)/Specialty: Emergency 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 57 year old female who sustained an industrial injury on 6/27/00 in a lifting/ twisting injury involving the neck and back. She has had several neck and low back surgeries. She is currently experiencing neck pain with radiation to arms, low back and leg pain. She reports her left leg is dragging and she is having trouble picking up her right leg. She has had several falls. Her pain intensity is 9/10 without medications and 6/10 with medications. Medications include gabapentin, Flector Patch, omeprazole, alprazolam, Welbutrin, Norco, Soma, Butrans Patch, Colace, amlodipine. Diagnoses include post-Laminectomy syndrome lumbar and cervical; chronic pain syndrome; constipation. Treatments include pain management, medications. Diagnostics include MRI lumbar spine (10/16/14) with no acute findings with moderate to severe disc space narrowing; MRI Lumbar spine (3/26/09), (4/5/13); Computed tomography myelogram (1/25/05); computed tomography with reconstruction (4/5/12); x-rays of the lumbar spine (2/13/12), (11/19/12), (10/2/13), (6/30/14). In the progress note dated 8/11/14 the treating physician has requested diskogram L3-S1 for surgical consideration due to severity of pain. On 1/30/15 Utilization Review non-certified the request for 1 discogram lumbar L3/4, L4/5, L5/S1; 1 computed tomography scan of the lumbar spine citing ACOEM: Chapter 12: Low Back Complaints: Discography: Lumbar computed tomography scan and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram lumbar L3/4, L4/5, L5/S1 3 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Discography, Pages 303-304.

Decision rationale: The requested Discogram lumbar L3/4, L4/5, L5/S1 3 levels, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Discography, Pages 303-304, note that discography is only recommended if the injured worker is a current candidate for fusion, and has a psychological evaluation. The injured worker has neck pain with radiation to arms, low back and leg pain. She reports her left leg is dragging and she is having trouble picking up her right leg. The treating physician has not documented the medical necessity for this diagnostic exam as an outlier to negative guideline recommendations. The criteria noted above not having been met, Discogram lumbar L3/4, L4/5, L5/S1 3 levels is not medically necessary.

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested CT scan of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has neck pain with radiation to arms, low back and leg pain. She reports her left leg is dragging and she is having trouble picking up her right leg. The treating physician has not documented the medical necessity for this diagnostic exam as an outlier to negative guideline recommendations and therefore the medical necessity for the following CT scan has also not been established. The criteria noted above not having been met, CT scan of the lumbar spine is not medically necessary.