

Case Number:	CM15-0060373		
Date Assigned:	04/06/2015	Date of Injury:	08/11/2011
Decision Date:	05/13/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55-year-old male who sustained an industrial injury on August 11, 2011. He has reported injury to the neck, low back and left shoulder. The IW was diagnosed with discogenic lumbar condition, discogenic cervical condition and impingement syndrome of the shoulder, status post left shoulder decompression, labral repair and modified Mumford procedure. Treatment has included medications, back brace, heat, a cold pack, neck pillow and medical imaging. Currently the injured worker complained of neck pain, low back pain, and left shoulder pain that radiated down the left leg with numbness and tingling. The treatment request included a lumbar discogram. There was also recommendations for PT, pain injections and medications management. It was noted that in 2013 there was recommendations for lumbar spine surgery and interventional pain procedures but there was no follow up for the treatments. The 2013 MRI of the lumbar spine showed multilevel disc bulges, facet degeneration, neuroforaminal stenosis but no significant impingement of nerve roots. The X-ray showed retrolisthesis at L5 on S1. The EMG/NCV studies were noted to be non-significant. The medications listed are Norco, Flexeril, Nalfon, Neurontin, Tramadol and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS-ACOEM and the ODG guidelines recommend that discogram can be utilized for the evaluation of lumbar spine pain in preparation for surgical intervention. The records did not show that the discogram was part of a pre-surgery investigation. The records show that interventional pain injections and lumbar spine surgery was recommended in 2013 but was not scheduled. There are current recommendations for PT, pain injections and medication management that had yet to be completed. The medications management was recently modified therefore conservative management had not been exhausted. The radiological tests did not show findings consistent with severe discogenic condition. The criteria for discogram is not medically necessary.