

Case Number:	CM15-0099334		
Date Assigned:	06/01/2015	Date of Injury:	07/30/2013
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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: New York
Certification(s)/Specialty: Neurological 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 52-year-old female injured worker suffered an industrial injury on 07/30/2013. The diagnoses included cervicalgia, lumbar disc protrusion, lumbar facet hypertrophy, right shoulder sprain/strain, left shoulder impingement syndrome and anxiety. The injured worker had been treated with medications, epidural steroid injections, and physical therapy. On 2/18/2015, the treating provider reported neck pain radiating to the shoulder and mid to low back pain radiating to the legs, cervical pain, thoracic pain, lumbar pain, right shoulder and left shoulder pain and anxiety. The treatment plan included lumbar discogram, Lab In House, UA, pregnancy test, Postoperative physical therapy and Post-operative Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L4-S1 lumbar discogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304-305, 309.

Decision rationale: The California MTUS guidelines would not recommend this patient undergo discography because of lack of satisfactory results from detailed psychosocial assessment. The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide such information. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Outpatient L4-S1 lumbar discogram is not medically necessary and appropriate.

Associated surgical service: Lab in house, UA, pregnancy test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative physical therapy, QTY: 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative Tylenol #3, QTY: 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.