

Case Number:	CM13-0004777		
Date Assigned:	12/04/2013	Date of Injury:	12/07/2011
Decision Date:	01/08/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old male who reported injury on 12/07/2011 with the mechanism of injury being a bar-b-que in the truck in front of him fell off of the truck, the patient drove over the bar-b-que and it exploded and the patient had to be pulled from a burning vehicle after he rolled multiple times. The patient was noted to have multiple compression fractures in the lumbar spine. The patient had severe pain in the low back which radiated into the right buttocks and down the lower extremity with associated numbness. The patient was diagnosed with L2 compression fracture with 50% loss of height and chronic right-sided L5-S1 polyradiculopathy per EMG and NCV. The plan was noted to include a provocative discogram at L2 through S1 to determine the extent of the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic discogram from L2-S1 with negative control: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discography, Online Version.

Decision rationale: California MTUS/ACOEM guidelines are silent about Discography. Official Disability Guidelines indicates Discography is not recommended. Per Official Disability Guidelines, if the payer and provider agree to perform anyway, the patient must have back pain of at least 3 months in duration, failure of recommended conservative treatment including physical therapy, an MRI demonstrating 1 or more degenerated discs as well as 1 or more normal appearing discs to allow for internal control injection, satisfactory results from a detailed psychosocial assessment and it additionally states due to the high rate of positive discograms after surgery for lumbar disc herniation this should be a potential reason for non-certification. The patient was noted to have an MRI of the lumbar spine without contrast including adjunctive 3D MR myelography on 08/17/2002 with an official read per [REDACTED] which revealed the following: (1) Partial compression of the vertebral body L2 to L3 is unchanged when compared to the prior CT scan from 04/09/2012. (2) There are mild annular bulges from L1 to S1. (3) At L2-3, there is resulting mild foraminal narrowing bilaterally with slight flattening of the anterior surface of the sac. (4) At L3-4, there was mild flattening of the anterior surface of the thecal sac and mild right foraminal narrowing. (5) At L4-5, there was moderate right and mild left foraminal encroachment and some mild flattening of the anterior surface of the thecal sac associated with mild acquired central canal stenosis. (6) There is mild encroachment of the inferior aspect of the neural foramina, L5-S1, due to minor intraforaminal bulge. (7) There are mild facet degenerative changes at L4-5 bilaterally. (8) When compared to the prior CT scan from 04/09/2012 there is no significant change. The examination dated 09/13/2013 revealed the patient has had a right L4 selective nerve root block and the patient complained of severe pain in the low back radiating into the right buttock and down the right lower extremity with associated numbness. The physical examination revealed the patient had 90 degrees of flexion with dyskinetic recovery; and the patient had 0 degrees of extension. The patient was noted to have weakness of the right hip girdle musculature on muscle strength testing. The patient was noted to have decreased sensation in a dermatomal distribution. The discussion included that the patient was evaluated by [REDACTED] who recommended a lumbar discogram. The physician [REDACTED] further commented in the office note that the patient continued to have severe back pain despite conservative care and efforts. It was opined per the physician that he would plan to schedule the patient as soon as possible for the discogram as the patient continues to be significantly impaired by ongoing low back pain symptomatology and because he remains significantly functionally impaired. Additionally, it was stated that the patient con