MAXIMUS Federal Services

Case Number:	CM13-0014682		
Date Assigned:	10/04/2013	Date of Injury:	05/21/2011
Decision Date:	02/14/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/22/2013

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 Occupational Medicine, 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 52-year-old male with a date of injury of May 21, 2011. The patient has pain in the low back and the left leg in an L5 distribution; the patient has a normal neurological exam as of July 1, 2013. The patient had a CT scan on April 10, 2013 which showed the patient has an old pedicle fracture. There was also fairly large annular tear hypersensitivity over the annulus at L5 - S1, greater on the left than the right. A diskogram was requested on 7/1/2013 to evaluate if there was a tear causing chronic radiculopathy. The patient has had PT until 6/23/13. An (EMG) Electromyography on 11/21/12 ruled out left radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 L5-S1 anesthetic discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 66, 304-305.

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

Decision rationale: CA MTUS does not recommend discograms. ACOEM Chapter 12 Pages 304-5 states: Recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not

identify the symptomatic high-intensity zone, and con- cordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psy- chosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: A. Back pain of at least three months duration. B. Failure of conservative treatment. C. Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) D. Is a candidate for surgery. E. Has been briefed on potential risks and benefits from diskography and surgery. Table 12-8 of ACOEM does not recommend discography or CT discography. Current ACOEM Guides, 2011 also state, "Discography, whether performed as a solitary test or when paired with imaging (e.g., MRI), for acute, subacute, chronic LBP or radicular pain syndromes - Moderately Not Recommended, Evidence (B). This patient does not meet criteria in current guides for discography. Also, guides do not recommend the procedure. There is no benefit shown in the record from this test as well.