

Case Number:	CM13-0027604		
Date Assigned:	03/19/2014	Date of Injury:	05/21/2009
Decision Date:	05/12/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 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/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 injured worker is a 41-year-old female with date of injury of 05/20/2009. Mode of injury was not provided in medical records. The request is for a decision for discography L3-4 and L4-5. The date and rationale for the discography was not provided in the medical records. The injured worker had an MRI of the lumbar spine on 12/11/2013 which revealed L4-5 degenerative disc and facet disease with 5.4 mm left foraminal disc protrusion producing central spinal canal and left neural foraminal stenosis compressing existing left L4 nerve root, 3 mm in flexion, 5.4 mm in extension as well as L5-S1 facet osteoarthritis produced central spinal canal stenosis. The injured worker was seen on 01/02/2014 for a followup orthopedic evaluation with chief complaint of pain across the neck and pain across lumbar spine. The injured worker has diagnoses of lumbar strain, lumbar HNP, and positive discography L4-5. The injured worker noted pain level is still intractable in nature and pelvic mass was noted. On physical exam, the lumbar spine reveals moderate to severe pain across the lower back, moderate spasm. The physician noted that the injured worker's pain is significant particularly on the left side. Straight leg raise is positive at 60 degrees on the left. The physician states there is decreased sensation across the L5 and S1 dermatome, moderate spasms across the lumbar spine. Deep tendon reflexes are trace at patella and Achilles bilaterally. The physician's recommendation is the injured worker will need surgery but may have ovarian cancer, needs workup first and will request chiropractic treatment 2 times a week for 6 weeks. The request is for a discography L3-4 and L4-5, date and rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAPHY L3-4 AND L4-5: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) notes studies do not support its use as a preoperative indication for either intradiscal electrothermal, annuloplasty or fusion. Discography does not identify the symptomatic high intensity zone and concordance of symptoms with disc injected is of limited diagnostic value, and can produce significant symptoms and controls more than a year later. Criteria included back pain of at least 3 months duration, failure of conservative treatment, and satisfactory result from a detailed psychosocial assessment. Discography and 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. If patient is a candidate for surgery, has been briefed on potential risk of benefits from discography and surgery. The documentation provided for review indicates the injured worker does have chronic low back pain. The treating physician is recommending a repeat discogram. The question is if the repeat discography would lead to any changes in management of care, and in particular if this injured worker is actually being considered for lumbar fusion. The documentation provided did note the pain level that the injured worker was having was moderate to severe, but did not note any pain assessment and monitoring of effectiveness of the medication. The physician does state the injured worker needs surgery but may at this point have ovarian cancer and will need a workup first. The physician recommended continued conservative care in the form of chiropractic treatment 2 times a week for 6 weeks. On 10/08/2012, the injured worker underwent a lumbar spine discogram which was reportedly documented abnormal and the treating physician recommended request for authorization for fusion. There is no indication that the injured worker was a candidate for a lumbar fusion. There is no documentation provided that would show the need for the repeat discography and the benefit of the repeating discography for the fact that the injured worker has already had 1 abnormal discography. Therefore, the request is non-certified.