

Case Number:	CM13-0030089		
Date Assigned:	06/06/2014	Date of Injury:	03/16/2009
Decision Date:	07/14/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 36-year-old female who reported an injury on 03/06/2009 due to falling off a machine and landing on cement. The EMG of the upper and lower extremities dated 07/03/2013 revealed evidence of mild chronic C4-5 radiculopathy on the right greater than the left and mild chronic L5-S1 radiculopathy on the right greater than the left. The study revealed no evidence of peripheral neuropathy in the upper or lower extremities. The MRI of the lumbar spine dated 08/07/2013 revealed lumbar spine lordotic curvature is diminished, degenerative discogenic spondylosis is observed at each level especially at the L3-4 and L5-S1 with findings that include prominent anterior discovertebral osteophytes, and the intervertebral discs from L3-4 to L5-S1 are desiccated and reduced in height. The clinical note dated 08/26/2013 noted the injured worker presented with constant neck pain radiating to the bilateral shoulders with associated numbness and constant low back pain and spasms with radiation to the bilateral buttocks, posterior aspects of the thighs all the way to the heels with associated numbness and tingling. She further stated complaints of constant left wrist/hand pain rated at 8/10 with no radiation. Prior treatment included Prilosec, Flexeril, and Motrin. Upon examination there was tenderness and spasm to the L3, sacrum and L5-S1 tenderness to the facet, positive sciatic notch tenderness, positive straight leg raise test and tension sign, positive bowstring test bilaterally, weakness to the extensor hallucis longus and foot eversion bilaterally, decreased sensation at the S1 dermatomes to soft touch, an absent clonus, and babinski is down pointing. The diagnoses were lumbar spine herniated nucleus pulposus/internal disc disruption at L3-S1 with bilateral neural foraminal narrowing and annular at L3-4 and L5-S1 with extrusions at L3-4 and L4-5, facet arthropathy, bilateral lower extremity radiculopathy, cervical spine herniated nucleus pulposus at C3-7, chronic bilateral C5-6 radiculopathy per EMG, bilateral carpal tunnel syndrome per EMG, right wrist and hand 3rd degrees burn secondary to the lumbar spine giving

way, sleep disorder secondary to industrial injury, cervicogenic headaches, anxiety and depression secondary to industrial injury, GERD, nasal/respiratory dysfunction, left wrist ganglion cyst, lumbar spine myofascial pain syndrome, C4-5 radiculopathy, L5-S1 radiculopathy, and protrusion/extrusion at L5-S1 radiculitis. The provider recommended 1 discogram of the L3-4 and L4-5 levels under fluoroscopic guidance and epidurogram. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE DISCOGRAM AT THE L3-L4 AND L4-L5 LEVELS UNDER FLUOROSCOPIC GUIDANCE AND EPIDUROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The decision for 1 discogram at the L3-4 and L4-5 level under fluoroscopic guidance and epidurogram is not medically necessary. The Low Back Complaints ACOEM Guidelines state recent studies on discography did not support its use as a preoperative indication for either intradiscal electrothermal magnetopause or fusion. Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with a disc injection is of limited diagnostic value and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporarily with symptoms. Discography may be used when fusion is a realistic consideration, and it may provide supplemental information prior to surgery. Despite the lack of strong medical evidence supporting it, discography is fairly common and when considered it should be reserved for injured workers whose criteria include back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from discography and surgery. The included medical documents lacked evidence of failure of conservative treatment, satisfactory results from detailed psychosocial assessment, did not address if the injured worker is a candidate for surgery, and the injured worker has not been documented to have been briefed on potential risks and benefits from discography and surgery. As such, the request is not medically necessary.