

Case Number:	CM13-0030913		
Date Assigned:	11/27/2013	Date of Injury:	09/26/2011
Decision Date:	01/15/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery, is Fellowship trained in Spine Surgery, 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 30-year-old male who reported an injury on 09/26/2011 when he was in a walk-in freezer and he bent down to pick up 2 boxes of frozen fries and as he lifted the boxes he felt pain in his lumbar spine. He is noted to have treated conservatively with physical therapy and epidural steroid injection in 2011 which did not help and again in 01/2012 which did not help. The patient is noted to have treated extensively with physical therapy. He is noted to have undergone an MRI of the lumbar spine in 09/2012 which reported an L4-5 HNP measuring 2 mm to 3 mm with nerve root compromise exiting bilaterally and at L5-S1 with nerve root compromise exiting bilaterally. He is noted to have undergone electrodiagnostic tests on 07/19/2013 which reported evidence of mild acute radiculopathy on the left. The patient is noted to have undergone a psychological assessment on 12/13/2012 which reported that the patient did not require any immediate psychiatric intervention. On physical examination, the patient is noted to have moderate reduction in range of motion of the lumbar spine secondary to pain, spinal vertebral tenderness about the lumbar spine at the L5-S1 level with myofascial tenderness and paraspinous muscle spasms noted on palpation. The patient is noted to have moderate decrease in motor strength of the bilateral lower extremities in the L4 through S1 dermatomes positive seated straight leg raise bilaterally for radicular pain at 50 degrees bilaterally. A request was submitted for a lumbar discogram at L3-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Low Back section.

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

Decision rationale: The patient is a 30-year-old male who reported an injury to his cervical spine on 09/26/2013. He is reported to complain of ongoing low back pain with radiation of pain to the bilateral lower extremities. He is noted to have undergone 2 epidural steroid injections without benefit and to have undergone extensive physical therapy. He is reported to have undergone imaging studies and electrodiagnostic testing that are positive for findings at the L3-4, L4-5 and L5-S1 levels. A request was made for a lumbar discogram. The California MTUS Guidelines state that recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion as discography does not identify the symptomatic high zone intensity and concordance of symptoms with disc injected is of limited diagnostic value. Given that the patient has already been confirmed by imaging studies and electrodiagnostic testing to have findings of disc herniations and radiculopathy, and the guidelines do not recommend a discography as a preoperative indication, the requested discography does not meet guideline recommendations. Based on the above, the request for lumbar discogram L3-S1 is non-certified.