MAXIMUS Federal Services

Case Number:	CM13-0032566		
Date Assigned:	12/18/2013	Date of Injury:	02/01/1999
Decision Date:	02/10/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 and 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:

A 61-year-old male with date of injury of 02/01/1999. Report by [redacted], 09/12/2013, has patient presenting with chronic cervical and lumbar pain. Symptoms are fairly controlled. Follow up for refill of medications. Apparently, the "Workmen's Compensation Board" has recommended that the patient undergo discogram of the lumbar spine. The patient has radiating pain down both lower extremities and cervical pain radiating into the arms, multiple medications doing a fair job of controlling his pain. MRI report of lumbar spine, 03/03/2012, showed minimal epidural fibrous granulation at L2-L3, disk desiccation with 2-mm broad-based disk at L4-L5. A 06/06/2013 report by [redacted] states ACOEM Chapter 12, page 305, which states that discography may be used where fusion is a realistic consideration. He also quotes RAND Study Group.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic discogram at L4-5 with negative control for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The request is for lumbar discogram to address this patient's chronic low back pain. [redacted] has issued a letter, 06/06/2013, stating that this patient has chronic problems, having had this pain for more than 6 months, having failed conservative measures including physical therapy, epidural steroid injections, chiropractic treatments, and work modifications. He states that the American Academy of Orthopedic guidelines clearly indicates that discography is a helpful tool in identifying a pain generator and establishing a candidate for surgical intervention. ACOEM Guidelines, page 305, states "Discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery." However, the keyword is "where fusion is a realistic consideration." In this patient, lumbar fusion is not a realistic consideration as ACOEM Guidelines, page 307, discusses recommendations for a spinal fusion. The indications for spinal fusion per ACOEM Guidelines, page 307, lists spinal instability, spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It specifically does not recommend a surgical decompression or fusion for degenerative lumbar spondylosis which this patient suffers from. MRI of this patient's lumbar spine would indicate only 2-mm disk bulge at L4-L5 which is a degenerative disk condition. There is no clear indication that this patient would be a surgical candidate for fusion. Therefore, recommendation is for denial.