

Case Number:	CM13-0038904		
Date Assigned:	12/18/2013	Date of Injury:	09/08/2009
Decision Date:	02/05/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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, has a subspecialty in internal spine 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:

This patient presents with diagnoses of spinal stenosis of the lumbar spine, degenerative disc disease and chronic pain. Treater is recommending discograms at each level of the lumbar spine as patient is contemplating surgery. MTUS guidelines do not discuss discograms. However, ACOEM (pg304) states recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than year later. ODG also states discograms are not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection procedure for discography, each level; lumbar outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient presents with diagnoses of spinal stenosis of the lumbar spine, degenerative disc disease and chronic pain. Treater is recommending discograms at each level of the lumbar spine as patient is contemplating surgery. MTUS guidelines do not discuss discograms. However, ACOEM (pg304) states recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than year later. ODG also states discograms are not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. ACOEM does state, "Discography may be used where fusion is a realistic consideration." Dr. [REDACTED] makes the argument that surgery is a realistic consideration in this patient. However, according to ACOEM Medical guidelines page 307, fusion surgery is indicated for spinal instability after decompression at the level of degenerative spondylolisthesis, spinal fracture, dislocation or spondylolisthesis with segmental instability. There is no support for surgical fusion for degenerative lumbar spondylosis. This patient presents with degenerative spondylosis and fusion would not be indicated. Therefore, discography is not recommended