

Case Number:	CM13-0042002		
Date Assigned:	12/20/2013	Date of Injury:	04/20/2010
Decision Date:	03/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Management 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 case involves a male patient with the date of injury of April 20, 2010. A utilization review determination, dated October 12, 2013 recommends non-certification of one (1) discography of L3-4, L4-5, and L5-S1. The previous reviewing physician recommended non-certification of one (1) discography of L3-4, L4-5, and L5-S1, due to lack of documentation that the patient is scheduled for or has been suggested to have a spinal fusion. An appeal, dated October 24, 2013 indicates that the patient has been experiencing chronic lumbar pain, about 60% back pain and 40% leg pain. He has completed conservative care in the form of nerve blocks, as well as radiofrequency ablation. [REDACTED] is considering a surgical intervention due to failure of conservative therapy. However, due to the patient's multilevel lumbar degenerative disk disease, it is felt that a diskogram will serve to further determine the correct levels of the pain generator. A progress report (PR-2), dated October 22, 2013 identifies Chief Complaints of back pain 60%, leg pain 40%, which is 100% left sided. A physical examination identifies mild tenderness on palpation. There was decreased lumbar range of motion (ROM). There was bilateral extensor hallucis longus (EHL) strength 4+/5. The primary diagnoses include lumbar herniated nucleus pulposus (HNP)/pain, radiculopathy/sprain/sciatica. A discussion includes that the patient has tried medication, continued his chiropractic, yoga, and acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) discography of L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 62 and 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Discography

Decision rationale: The MTUS/ACOEM Guidelines indicate that discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, discography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three (3) months duration; Failure of conservative treatment; Satisfactory results from detailed psychosocial assessment. (Discography in 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.); Is a candidate for surgery; Has been briefed on potential risks and benefits from discography and surgery. Within the medical information made available for review, there is documentation of back pain of at least three (3) months duration, failure of conservative treatment, and the patient is considered a candidate for surgery. However, evidence based guidelines state that there is a lack of strong medical evidence supporting discography. In addition, despite stating that the patient is a surgical candidate, there is no mention that fusion is a realistic consideration. There is no documentation of satisfactory results from a detailed psychosocial assessment and the patient has been briefed on potential risks and benefits from discography and surgery. In the absence of such documentation, the currently requested one (1) discography of L3-4, L4-5 and L5-S1 is not medically necessary.