

Case Number:	CM13-0043481		
Date Assigned:	12/27/2013	Date of Injury:	01/16/2001
Decision Date:	02/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 & Rehabilitation, has a subspecialty in Interventional 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:

The patient is a 56 year old female with a date of injury of 01/16/2001. The listed diagnosis per [REDACTED] is: 1. Lumbago According to report dated 05/06/2013, patient presents with ongoing low back pain. It was noted that the patient has "radiculopathy and has radiation of pain from the low back into the left foot." Examination revealed motor tone, pulses and reflexes intact. Slight crouched gait was noted. No other physical examination was performed. Report dated 01/09/2013 states patient's MRI scan came back abnormal showing bulging at multiple disc as well as mild, bilateral lateral recess narrowing at L4-S1, with left foraminal stenosis contributing to bi-facet hypertrophy. It was noted that patient was seen by [REDACTED], the neurosurgeon, whom upon examination felt patient is a possible surgical candidate. [REDACTED] recommends "a discogram first at L3-L4, L4-L5, and L5-S1 to determine how to proceed."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram L3-L4, L4-L5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 304 and 307.

Decision rationale: This patient presents with chronic low back pain with radiculopathy. Treater is recommending discograms of the lumbar spine for possible fusion surgery. MTUS guidelines do not discuss discograms. However, ACOEM (pg 304) 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." However, according to ACOEM Medical guidelines page 307, fusion surgery is indicated for spinal instability after decompression at the level of degenerative spondyloisthesis, spinal fracture, dislocation or spondyloisthesis with segmental instability. In this case, the MRI showed bulging discs and mild lateral recess stenosis only at L4-S1, findings consistent with mild spondylosis for which fusion surgery is not indicated. The requested Discogram is not medically necessary and recommendation is for denial.