

Case Number:	CM13-0049624		
Date Assigned:	12/27/2013	Date of Injury:	05/30/1992
Decision Date:	10/23/2014	UR Denial Date:	10/27/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 is a patient with a date of injury of 5/30/92. It noted that a prior discogram from L2-S1 was certified on 2/29/12 and that a note from the provider on 9/30/13 indicated that the study had been completed, but the provider had not yet seen the results. 10/14/13 medical report identifies spasms and flexion pain past 20 degrees. There is a little bit more toe wear on his shoe on the right, indicating some right anterior tib weakness. He has an absent right ankle reflex. The provider noted MRI findings of degenerative disk collapse at L4-5 and L5-S1, L4-5 Modic changes, left L4-5 and L5-S1 disk herniation, and mild protrusion at right L3-4. CT was said to show L4-5 mild left facet degeneration at prior laminotomy site and L5-S1 normal facets with calcified disk on right and left sides. The provider recommended trying PT 3 x 8 and, if that failed, surgical intervention with L3-4, L4-5 artificial disk replacement and L5-S1 ALIF, which will be confirmed once the CT/discogram report is received. A facsimile transmittal sheet dated 10/23/13 notes the need for an updated discogram at the past discogram did not include all levels of the spine needed for surgical plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram Of The Lumbar Spine L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66, 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography.

Decision rationale: Regarding the request for discogram L3-S1, CA MTUS and ACOEM state that, despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; Satisfactory results from detailed psychosocial assessment (Diskography 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 diskography and surgery. ODG further notes that it is not recommended and, when used anyway, should be utilized for single level testing with control. Within the medical information made available for review, there is no documentation of satisfactory results from a detailed psychosocial assessment and the patient has been briefed on potential risks and benefits from diskography and surgery. Additionally, the number of levels exceeds the amount supported by guidelines and the provider recommended 24 additional PT sessions prior to consideration for surgery. In light of the above issues, the currently requested discogram L3-S1 is not medically necessary.