

Case Number:	CM13-0050283		
Date Assigned:	04/25/2014	Date of Injury:	07/20/2011
Decision Date:	07/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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:

The injured worker is a 51-year-old female who reported an injury on 07/20/2011, due to an unknown mechanism. The clinical note dated 10/29/2013 presented the injured worker with severe back pain. The physical examination of the injured worker revealed range of motion values for the lumbar spine as follows; 40 degrees flexion, 10 degrees of extension, 20 degrees of right and left rotation, and a positive straight leg bilaterally. The injured worker had decreased pain and touch sensation in the L3, L4, and L5 on the right. The provider recommended a discogram for the low back. The Request for Authorization form was not included in the clinical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lowback, Discography.

Decision rationale: The request for discogram for the low back is not medically necessary. The ACOEM Guidelines state that an imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for 1 month or more due to further evaluate the possibility of potentially serious pathologies such as a tumor. The Official Disability Guidelines state that a discogram is not recommended. In the past, discography has been used as part of the preoperative 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 intradiscal electrothermic therapy (IDET) or spinal fusion. The criteria for a discography are as follows: back pain of at least 3 months' duration, failure of recommended conservative treatment including active physical therapy, an MRI demonstrating 1 or more degenerative discs, as well as 1 or more normal appearing discs to allow for an internal ventral injection, satisfactory results from detailed psychosocial assessment, intended as a screening tool to assist surgical decision-making, single level testing, and due to high rates of positive discogram after surgery for lumbar disc herniation. The included medical documents lack evidence of failure of recommended conservative treatment including active physical therapy. The included medical documents lack evidence of an MRI. As such, the request for discogram is not medically necessary.