

Case Number:	CM13-0066555		
Date Assigned:	01/15/2014	Date of Injury:	03/29/2012
Decision Date:	04/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Internal Medicine 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:

The patient is a 42-year-old male with date of injury on 3/29/2012. The mechanism of injury is not clearly outlined in the data provided. The patient has a diagnosis of lumbar back pain with disc bulge and left leg radiculopathy at L5-S1. The patient has been using short acting opiates (Norco), non-steroidal anti-inflammatory drug (NSAIDs) (Naproxen), and muscle relaxants (Zanaflex) for pain control. Exam shows bilateral hip flexor weakness (mild) and decreased sensation over L4-S1 dermatomes. There are subjective complaints of bilateral radiated pain to buttocks and bilateral leg pain and knee pain. The lumbar discogram is being recommended for surgical planning. The request is for 1 lumbar discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: According to the MTUS guidelines, recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET)

annuloplasty or fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disc 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 the controls more than a year later. Given lack of evidence for preoperative indications, the lumbar discogram is not medically necessary.