

Case Number:	CM13-0067124		
Date Assigned:	01/03/2014	Date of Injury:	10/31/2011
Decision Date:	05/19/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopedic Surgery, has a Fellowship trained in Spine Surgery 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 injured worker is a 51-year-old female who reported an injury on 10/31/2011. The mechanism of injury occurred while the injured worker was squatting; she twisted and reached around a confined area behind a smog machine, trying to break free a hose, when she immediately felt pain in her left buttock. The injured worker has diagnoses of lumbar disc protrusion, lumbar radiculopathy, lumbar degenerative disc disease, lumbar foraminal stenosis, status post microdiscectomy at L4-S1. The injured worker had an EMG study completed on 02/23/2013 which revealed left L5 radiculopathy. The injured worker had an MRI of the lumbar spine completed on 03/12/2013 with findings of moderate to severe left L5-S1 neural foraminal narrowing due to broad-based disc bulge and prominent 3 mm to 4 mm focal disc osteophyte complex in the left lateral corner combined with facet hypertrophy. The injured worker was seen on 10/24/2013 by the injured worker's pain management physician. It is noted that the orthopedic surgeon [REDACTED] who is the primary care doctor is considering recommending surgical intervention and possible multilevel fusion and he is requesting a lumbar provocative discogram to help guide cervical intervention. The injured worker is currently on Percocet 7.5/325 mg 3 to 4 tablets a day, Anaprox DS 550 mg, and Dendracin topical analgesic cream, frequency and dosage not noted. The injured worker is also on Prilosec 20 mg twice a day. The injured worker was seen on 10/29/2013 for a follow-up orthopedic evaluation and treatment. The injured worker has complaints of low back pain rated as 6- 8/10. The injured worker reports the pain has associated weakness, numbness, tingling down the left leg. The injured worker notes she does stretches and exercises daily at home and has continued her treatment with acupuncture and pain management. On exam of the lumbar spine, the physician noted tenderness to palpation and manual muscle testing revealed 4/5 strength with flexion, extension and bilateral bend. Range of motion was restricted due to pain. Sensory exam revealed

decreased sensation to light touch at L5 dermatomes on the left. On 11/08/2013, there was a request for a lumbar spine discogram under fluoroscopic guidance at the L4-5 and L5-S1. There was no documentation noting the rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE DISCOGRAM UNDER FLUROSCOPIC GUIDANCE L4/5 AND L5/S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

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

Decision rationale: California MTUS/ACOEM notes for discography recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. Discography may be used when fusion is a realistic consideration, and it may provide supplemental information prior to surgery. Despite the lack of strong medical evidence supporting, discography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from details psychosocial assessment, is a candidate for surgery, has been briefed on potential risk and benefits from discography and surgery. The documentation provided noted a lumbar MRI which did show 3 mm left far lateral disc protrusion with facet arthropathy with severe neural foraminal narrowing. At L4-5, there was a 3 mm disc bulge with associated facet arthropathy but no neural foraminal narrowing. The EMG study that was completed did reveal left L5 radiculopathy. Her lumbar spine on examination from the physician revealed decreased sensation to light touch at L5 dermatomes on the left. Although the patient is noted to have experienced back pain of at least 3 months duration and the physician is recommending the injured worker for multilevel fusion, there is no notation that the injured worker has been briefed on potential risks and benefits from discography and surgery or that a detailed psychosocial assessment has been completed as of this time. Also, the patient is still attending acupuncture therapy at this time which means the patient has not exhausted conservative care. Therefore, the request for lumbar spine discogram under fluoroscopic guidance L4/5 and L5/S1 is not medically necessary