MAXIMUS Federal Services

Case Number:	CM14-0005934		
Date Assigned:	02/07/2014	Date of Injury:	03/31/2010
Decision Date:	07/03/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational 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:

Patient is a 36-year-old female who has submitted a claim for lumbar disc pathology, lumbar radiculitis, and depression associated with an industrial injury date of 03/31/2010.Medical records from 2012 to 2013 were reviewed. Patient complained of low back pain radiating to right foot, graded 6-8/10 in severity. Aggravating factors included prolonged sitting, standing, bending, and twisting. Physical examination revealed tenderness, positive Kemp's sign, and antalgic gait. Bilateral seated straight leg raise was positive at 70 degrees on the right with referral to the calf; on the left, pain radiated to posterior thigh. Lumbar spine range of motion was restricted. Motor testing and reflexes were normal. Sensation was diminished over the right anterolateral leg and foot. Progress report from 11/14/2013 cited that MRI of the lumbar spine revealed decreased disc height, disc desiccation and disc protrusion at L4-L5 with small annulus fibrosis fissure at that level and mild disc desiccation and annulus fibrosis fissure at L3-L4, dated 7/30/2013. Treatment to date has included lumbar epidural steroid injection, acupuncture, cognitive behavioral therapy, relaxation therapy, and medications such as gabapentin, ibuprofen, baclofen, naprosyn, Topamax, and Butrans patches.Utilization review from 12/16/2013 denied the request for discogram L3-L4, L4-L5, and L5-S1 because patient was not a surgical candidate, and there was no available psychosocial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Decision rationale: CA MTUS ACOEM Guidelines state that discography is not recommended. Recent studies on discography do not support its use as a preoperative indication for fusion. Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value, and it can produce significant symptoms in controls more than a year later. Moreover, the Official Disability Guidelines cited that studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs is of limited diagnostic value. In this case, patient complained of persistent low back pain radiating to the right lower extremity despite conservative management; hence, surgery is being considered. The documented rationale for discogram is to identify the symptomatic disc levels prior to surgery. However, a psychological clearance was not obtained. There is no evidence that the patient meets surgical fusion criteria. Discussion identified that the rationale for a discogram is to identify fusion levels, when the only accepted indication would be to rule out a fusion level. In any way, testing should be limited to a single level and a control level. Guidelines do not recommend its use as a diagnostic procedure. Moreover, the official MRI of the lumbar spine result was not made available for review. Therefore, the request for DISCOGRAM L3-L4, L4-L5, L5-S1 is not medically necessary.