

Case Number:	CM14-0006254		
Date Assigned:	03/03/2014	Date of Injury:	03/13/2010
Decision Date:	07/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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:

The patient is a 39-year-old male, who has submitted a claim for lumbar spine degenerative disc disease with radiculitis associated with an industrial injury date of 03/13/2010. Medical records from 2011 to 2013 were reviewed. The patient complained of low back pain, moderate to severe, radiating to the bilateral lower extremities. Aggravating factors included prolonged sitting, and walking. A physical examination revealed tenderness at paralumbar muscles, diminished sensation at lower extremities, equivocal straight leg raise test at left; weak left hip flexor and knee extensor; and areflexia at left Achilles. An MRI of the lumbar spine, dated 10/22/2013, revealed that at L4-L5, there was a 2 mm lateralizing disc bulge indenting the thecal sac, with mild neural foraminal stenosis and central stenosis. At L3-L4, there was a one to two (1- 2) mm bulge, with slight central and neural foraminal encroachment. At the L5-S1 level, there was a two (2) mm posterior protrusion, with slight central canal narrowing and maintained foramina. An MRI of the lumbar spine, dated 10/17/2012, showed multi-level facet arthropathy with a disc bulge at L4-L5, and L5-S1. An MRI of the lumbar spine, dated 09/10/2010, revealed a two to three (2-3) mm disc bulge positioned to the left, with mild to moderate neural foraminal narrowing on the left, with left annular tear at L4-L5, and 3.7 mm disc bulge at L5-S1. The treatment to date has included physical therapy, home exercise program, acupuncture, three (3) lumbar epidural steroid injections, and medications such as Norco, tramadol, and Neurontin. Utilization review from 01/08/2014, denied the requests for lumbar discogram at L3-L4 to L5-S1, because its outcomes have not been consistently reliable for the low back; and computerize tomography (CT) scan of the lumbar spine, because there were no significant changes in the symptomatology or examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM AT L3-4 TO L-5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: The MTUS/ACOEM Guidelines indicate that discography is not recommended. Recent studies on discography do not support its use as a preoperative indication for fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value. The Official Disability Guidelines indicate that although discography, especially combined with computerized tomography (CT) scanning, may be more accurate than other radiologic studies in detecting degenerative disc disease, its ability to improve surgical outcomes has yet to be proven. The criteria include: (1) back pain of at least a three (3) month duration, (2) failure of conservative treatment, (3) MRI demonstrating one (1) or more degenerated discs, as well as one or more normal appearing discs, (4) satisfactory results from detailed psychosocial assessment, and (5) single-level testing (with control). In this case, the rationale for requesting this procedure is to identify the symptomatic disc levels prior to surgery. Low back pain has persisted despite conservative treatment; hence, surgery is the treatment plan at this time. However, the guidelines indicate that recent studies do not support its use as a preoperative indication. The Official Disability Guidelines indicate that testing should be limited to a single-level and a control level only; however, the present request is for a three-level examination. Lastly, a psychological clearance was not obtained. Therefore, the request is not medically necessary.

COMPUTERIZED TOMOGRAPHY (CT) SCAN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.