

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0008509 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 03/02/2010 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 48-year-old male who has submitted a claim for status post lumbar spine fusion, low back syndrome, facet syndrome, depression, and anxiety associated with an industrial injury date of 03/02/2010. Medical records from 2013 were reviewed. Patient complained of low back pain, rated 7/10 in severity, radiating to bilateral lower extremities. Physical examination of the lumbar spine revealed muscle spasm with guarding, and restricted range of motion. Kemp's test and SLR were positive bilaterally. Motor testing of bilateral lower extremities was graded 4 to 4-/5. Reflexes and sensory exam were normal. EMG/NCV of bilateral lower extremities, dated 08/06/2013, revealed no evidence of lumbar radiculopathy and peripheral neuropathy. CT scan of the lumbar spine, dated 07/10/2013, showed satisfactory and solid appearance of anterior fusion L4-L5, and L5-S1; mild congenital spinal stenosis at L3-L4. Treatment to date has included facet block injection, L4 to S1 fusion surgery on 2011, L4 to L5 laminectomy in 1990, physical therapy, and medications such as Lidoderm patches, Neurontin, Oxycontin, Abilify, NovaGel, Lexapro, Skelaxin, clonazepam, Senna, and topical products. Utilization review from 12/20/2013 denied the request for discogram at L3-L4 because it is not recommended by the guidelines and medical records provided did not provide a rationale or medical justification for it.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM AT L3-L4 WITH [REDACTED], PAIN MANAGER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value. Moreover, the Official Disability Guidelines cited that although discography especially combined with 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. Criteria include: (1) back pain of at least 3 months duration, (2) failure of conservative treatment, (3) MRI demonstrating one 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 discogram is to identify the symptomatic disc levels. Low back pain has persisted despite facet block injection, physical therapy, and intake of medications. However, the official MRI result, which may corroborate patient's manifestations, was not made available for review. Moreover, a psychological clearance was not obtained. There is no evidence that the patient meets surgical fusion criteria. Therefore, the request for Discogram At L3-L4 With [REDACTED], Pain Manager is not medically necessary.