

Case Number:	CM14-0008814		
Date Assigned:	02/12/2014	Date of Injury:	09/28/2009
Decision Date:	07/24/2014	UR Denial Date:	12/24/2013
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 Orthopedic 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:

This is a 51year-old female patient with a 9/28/09 date of injury. The patient presents with ongoing lower back pain and discomfort, radiating to her left lower extremity. Physical exam demonstrates tenderness at the L4-5 level. There is limited lumbar range of motion and a positive straight leg raise test on the left. 11/12/14 progress report indicates persistent cervical and lumbar pain. Physical exam demonstrates left T8 weakness, left tibialis posterior weakness, diminished sensation in the left L4 greater at L5 dermatome. 10/29/13 lumbar MRI demonstrates, at L4-5, a broad-based central disk protrusion with a 3-mm tear resulting in moderate narrowing of the caudal margin of the bilateral neural foramina. Treatment to date has included medication, trigger point injections, acupuncture, physical therapy, activity modification, cervical epidural steroid injection, lumbar epidural steroid injections. There is consideration for a disk resection and fusion at the L4-5 level or an artificial disk replacement. There is documentation of previous adverse 12/24/13 determination for lack of consistent guidelines support for diskograms.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Low Back Chapter), Discography.

Decision rationale: MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. In addition, ODG states that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. Furthermore, there is no indication that the patient meets surgical fusion criteria. Testing should be limited to a single level and a control level only, and only to rule out a potential fusion level. Dynamic imaging that would corroborate surgical fusion indications was not obtained. It appears that in this case, fusion would be based on outcomes of the discogram, contrary to guidelines recommendations. Lastly, a psychological clearance was not obtained. Therefore, the request for a Lumbar Discogram L4-5 is not medically necessary.

POST DISCOGRAPHY CT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Low Back Chapter), Discography.

Decision rationale: MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. In addition, ODG states that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. Furthermore, there is no indication that the patient meets surgical fusion criteria. Testing should be limited to a single level and a control level only, and only to rule out a potential fusion level. Dynamic imaging that would corroborate surgical fusion indications was not obtained. It appears that in this case, fusion would be based on outcomes of the discogram, contrart to guidelines recommendations. Lastly, a psychological clearance was not obtained. Therefore, the request for a POST DISCOGRAPHY CT was not medically necessary.