

Case Number:	CM14-0009508		
Date Assigned:	02/14/2014	Date of Injury:	06/28/2007
Decision Date:	08/01/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 62-year-old female with a 6/28/07 date of injury. The 12/4/13 progress report indicates constant low back pain with radiation of pain to the lower extremities with numbness and tingling. The physical exam demonstrates antalgic gait, lumbar tenderness and guarding; positive Straight Leg Raising (SLR) bilaterally. Treatment to date has included chiropractic care, medication, and spinal injections with short-lived relief. The patient performs home exercise program (HEP) daily. The 9/9/13 lumbar MRI demonstrates, at L1-2, moderate facet arthropathy and a 2-3 mm symmetric disc bulge; at L2-3, a central to paracentral 5 mm inferiorly directed disc extrusion superimposed on a 4-5 mm disc bulge, with prominent posterior lateral endplate osteophytes extending into the bilateral neural foraminal zones with moderate facet arthropathy. There is moderate to severe spinal canal stenosis and moderate to severe lateral recess stenosis, with mild to moderate left and mild right-sided narrowing. At L3-4, there is a 5 mm symmetric disc bulge with prominent dorsally directed endplate osteophytes extending into the bilateral neural foraminal zones.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM OF THE L1-2, L2-3, AND L3-4 WITH T12-L1 NEGATIVE CONTROL:
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): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discography.

Decision rationale: The California 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, the 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. However, there is no evidence that the patient meets surgical fusion criteria as there is no imaging evidence of dynamic instability or functional spinal unit failure. A psychological clearance was not obtained. Testing should be limited to a single level. Discography is not recommended to rule in a fusion level. Therefore, the request for a Discogram of the 11-2, 12-3, and 13-4 with T12-11 negative control was not medically necessary.