

Case Number:	CM14-0100356		
Date Assigned:	07/30/2014	Date of Injury:	08/14/2012
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/30/2014

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 Neurological 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:

The injured worker is a 41 year old male who sustained an injury on 08/14/12 due to lifting injury. The injured worker had prior history of lower laminectomy at L4 to L5. The injured worker continued to complain of low back pain despite prairie prior epidural steroid injections in 2013. CT myelogram of the lumbar spine on 11/06/13 noted transitional anatomy at lumbosacral junction. At L4 to L5 there was a disc osteophyte complex contributing to neural foraminal stenosis mild in severity and disc protrusion narrowing the left subarticular zone impinging on the traversing left L5 nerve root. The MRI of the lumbar spine from 2012 reportedly showed degenerative disc disease at L5 to S1 with disc protrusion contributing to stenosis to the left lateral recess with S1 nerve root compression. The clinical record from 06/02/14 noted no improvement despite epidural steroid injections. Reflexes physical examinations were 2+ and symmetric but there were positive tension signs to the left. The recommendation was for lumbar discography at L4 to L5. The requested lumbar discography at L4 to L5 was denied by utilization review on 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discography at the level of Lumbar L4 - L 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation (TWC): Low back - Lumbar & Thoracic; Discography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discography.

Decision rationale: The clinical documentation provided for review would not support the request for lumbar discography. Per current evidence based guidelines, discography is not a recommended procedure as the relevant segment of the medical literature does not support the procedure and its ability to confirm pain generators that would benefit from surgical intervention. There are high quality clinical studies which question the use of discography as a method to identify symptomatic spinal segments for fusion procedures. These studies have demonstrated that the reproduction of a specific back or neck complaint on pressurized injection of the disc is of limited diagnostic value. Also, discography findings were found to not correlate well with findings on MRI. The clinical documentation provided for review does not support exceeding guideline recommendations which do not recommend discography. There is no indication from the records that the injured worker has exhausted all reasonable methods to determine pain generators. There is also no prediscogram psychological evaluation available for review that rules out any possible confounding issues that would potentially impact the study outcome. Furthermore, the requested level has undergone prior surgical procedures and there is no request for a control level. As such, this request for lumbar Discography at the level of Lumbar L4 - L 5 is not medically necessary and appropriate.