

Case Number:	CM14-0100913		
Date Assigned:	07/30/2014	Date of Injury:	12/26/2008
Decision Date:	09/12/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/26/2014

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:

This is a 47-year-old man who had slipped and fell which resulted in injury to his low back on 12/26/08. There has been conservative treatment with analgesics, and the patient has reportedly received relief with traction. Norco and Naproxen is noted to improve pain. Imaging studies have included a 4/21/14 scoliosis study of the low back. There is low lumbar spondylosis, and L5-S2 2 mm disc bulge, I ligament hypertrophy, facet degenerative changes with narrowing of the midline central canal to 6 mm. L4-5 disc bulge 4 mm, ligamentous hypertrophy and facet degenerative changes cause narrowing of the midline central canal to 9 mm abiding the exiting right nerve root with associated marks narrowing of the right neural foramina. There is a 4/21/14 orthopedic report discussing denial of the discogram. Patient is complaining of neck and low back pain and right leg weakness. Objective findings indicated there is the slope heel toe gait but otherwise normal back examination or lower extremity neurologic examination was mentioned. Diagnoses were cervical spine and lumbar spondylosis. Request is for discogram to determine the pain generator location. There is an orthopedic consultation that the patient had on 12/4/13 that indicates this patient had a bilateral revision L4 5 discectomy 8/30/13, left-sided L4 5 discectomy 7/8/14 and L5-S1 discectomy 12/19/01. A 12/17/13 Orthopedic AME recommended surgery for failed conservative treatment and opined that the patient to required lumbar laminectomy, discectomy and fusion for L4-L5. Patient's physician requested a L3-S1 posterior spinal fusion and instrumentation and bone graft. This was addressed by utilization review and not recommended on 5/16/14. A discogram of lumbar spine was also not approved at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inject for spine disk x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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) back section, Discography.

Decision rationale: The request indicates that the procedure is to "inject for spine disk x-ray" and the submitted documents indicate that this is a request for lumbar discogram. ACOEM guidelines do not support use of discography for preoperative indications for intradiscal electrothermal annuloplasty or fusion. It states that it does not identify the symptomatic high-intensity zone and it is of limited diagnostic value. (ODG) does not support discography at all. It is also considered to be of little diagnostic value. There is disagreement between the various evaluators noting whether or not this patient should have low back surgery and at what levels the fusion should be done. There is also no indication in the reports that performing this study is going to be of any value whatsoever in resolving this dilemma. This is a study that guidelines do not support as being of diagnostic benefit. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.