

Case Number:	CM14-0103061		
Date Assigned:	07/30/2014	Date of Injury:	02/18/2012
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 21-year-old male who reported an injury on 02/18/2012 due to lifting heavy clay pots at work. The injured worker has diagnoses of residual stenosis L5-S1, status post L2-S1 laminotomy, foraminotomy, and decompression, moderate to severe spinal stenosis L3-S1 with disc bulging at L4-5 and L5-S1, as well as disc protrusion at L3-4, bilateral lower extremities radiculopathy, and presumed segmental instability at the L3-4 level. The injured worker's past treatment includes acupuncture, aquatic therapy, and medication therapy. MRI dated 03/16/2004 revealed decompression at the L2-3 through L5-S1 secondary to laminectomy, slight disc bulge at L4-5 and facet arthropathy at L3-4. The injured worker underwent a laminotomy, foraminotomy, and decompression on 09/18/2012 at L2-S1. The injured worker complained of ongoing pain in his lower back with radiation down the left leg. The injured worker rated his pain at 7/10. The injured worker stated that the right-sided leg pain was minimal and nominal. Physical examination dated 06/02/2014 revealed that the injured worker was able to ambulate with a left side limp. It was also noted that the injured worker had a positive straight leg raise on the left and a negative straight leg raise on the right. The submitted report lacked any evidence of range of motion or motor strength findings. The injured worker's medications include the use of Hydrocodone/acetaminophen 10/325 mg, 1 tablet every 4-6 hours as needed for pain. The treatment plan is for a discography and a refill on hydrocodone/acetaminophen 10/325 mg. The rationale for the request of the discography is to better identify the pain generators at the L4-5 level. The request for authorization form was submitted on 06/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for discography is non-certified. The injured worker complained of ongoing pain in his lower back with radiation down the left leg. The injured worker rated his pain at 7/10. The California MTUS/ACOEM Guidelines state that discography is not recommended for assessing patients with acute low back symptoms. Recent studies on discography do not support its use as a preoperative indication for either intradiskal electro thermal (IDET) annuloplasty or fusion. Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. The submitted report stated that the rationale for the discography was to better identify pain generators. However, guidelines go on to state that if performed, it should be done following a psychosocial assessment and with patients in which surgical intervention is being considered which is not documented in the submitted report on the injured worker. Furthermore, the submitted request did not specify the level(s) for the imaging. As such, the request for discography is non-certified.