

Case Number:	CM14-0103495		
Date Assigned:	09/24/2014	Date of Injury:	08/18/2011
Decision Date:	10/24/2014	UR Denial Date:	06/10/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 year old male who was injured on 8/18/2011. He was diagnosed with low back pain, abdominal sprain, lumbosacral sprain/strain, lumbar disc degeneration, lumbar stenosis, and lumbar radiculopathy. He was treated with physical therapy, medications, restricted duty, and epidural steroid injections. He was later recommended surgical intervention on his lower back, but the worker refused this offer. He continued to experience chronic low back pain, treated primarily with medications and home exercise. He was also diagnosed with major psychotic depressive disorder due to his chronic pain. On 5/29/14, the worker was seen by his pain management physician complaining of his low back pain with bilateral leg pain. He also reported a pain level at 8/10 on the pain scale and poor sleep due to his pain. Physical examination revealed lumbar tenderness and decreased lumbar range of motion. He was then recommended to continue his medications and have a discogram study performed of his L4 and L5 discs (no explanation documented).

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304-305.

Decision rationale: The MTUS ACOEM Guidelines state that imaging studies of the lower back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated due to the high risk of diagnostic confusion (30% false-positive rate). Studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal annuloplasty or fusion, and does not identify the symptomatic high-intensity zone. Concordance of symptoms with the disk injected is of limited diagnostic value, according to the MTUS, and can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. However, diskography may be used where fusion is a realistic consideration, and may provide supplemental information prior to surgery. Criteria for diskogram should include: 1. Back pain for at least 3 months, 2. Failure of conservative treatment, 3. Satisfactory results from detailed psychosocial assessment, 4. Is a candidate for surgery, 5. Has been briefed on potential risks and benefits from diskography and surgery. In the case of this worker, he does not meet enough of the criteria to consider using a diskogram study. He is not interested in surgery, according to the notes available for review, and has chronic depression. Therefore, the discogram of the lumbar spine (L4, L5) is not medically necessary.