

Case Number:	CM14-0104594		
Date Assigned:	09/16/2014	Date of Injury:	04/24/2013
Decision Date:	10/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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:

The claimant was injured on 04/24/13 while kneeling underneath the plate in an awkward position and he felt something pop. A lumbar discogram is under review. He has attended physical therapy. He also had an MRI and electrodiagnostic studies. The MRI on 03/17/14 revealed at L5-S1 a disc protrusion abutting the exiting right and left L5 nerve roots. At L4-5 there was a right foraminal disc protrusion abutting the exiting right L4 nerve root. There was a midline disc protrusion causing abutment of the descending L5 nerve roots bilaterally with a mild to moderate degree of central canal narrowing. There was also multilevel facet arthropathy. He complained of low back, bilateral buttock, and leg pain. He has had nonoperative treatment. Symptoms are improved with heat, medications, and no activity. He had positive straight leg raise tests. X-rays on 05/07/14 revealed laminectomy changes at L5-S1 with collapse of the L4-5 and L5-S1 disc spaces. The plan was for discogram evaluate which of the disks at L3-4, L4-5, and L5-S1 were pain generators as he had failed nonoperative treatment. Decompression and fusion would be required. His pain was moderate to severe and did not radiate. It was constant and unchanged. He was taking Ibuprofen and Norco. Physical examination revealed spasms and positive straight leg raises bilaterally. He had good strength. There was no other exam. He was given Ultram and an Interferential Unit for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure Summary last updated 5/12/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Discography

Decision rationale: The history and documentation do not objectively support the request for a Discogram to determine the pain generators prior to consideration of surgery. The MTUS state that discography is "not recommended." The ODG state "Discography is not recommended in ODG. Patient selection criteria for Discography if provider & payor agree to perform anyway: Back pain of at least 3 months duration. Failure of recommended conservative treatment including active physical therapy. An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection). Satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided). Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria. Briefed on potential risks and benefits from discography and surgery. Single level testing (with control) (Colorado, 2001). Due to high rates of positive discogram after surgery for lumbar disc herniation; this should be potential reason for non-certification." The claimant's history of evaluation and treatment to date and his response to treatment are unclear. There is no evidence that surgery is being planned prior to a discogram and this type of study is not recommended to make a decision as to whether surgery is needed but may help the surgeon to decide that it is not necessary. It may be used for surgical planning when surgery has been recommended. The medical necessity of discography to establish a pain generator is not supported by the guidelines.