

Case Number:	CM14-0010058		
Date Assigned:	02/21/2014	Date of Injury:	08/27/2009
Decision Date:	06/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/27/2014

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, and is licensed to practice in Illinois. 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 43-year-old male with a reported date of injury on 08/27/2009. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of neck pain with radiating into the arms and lower back as well as radiating pain in the lower extremities. The clinical note dated 10/04/2013 indicated the injured worker's lumbar range of motion was demonstrated as flexion to 30 degrees, extension to 5 degrees, lateral bending to 15 degrees, bilaterally. The injured worker presented with positive straight leg raises bilaterally. In addition, the patient had facet joint tenderness at L3, L4, and L5 levels. The EMG and nerve conduction study test performed on 05/15/2010 was recorded as within normal limits. The injured worker's diagnoses included osteoarthritis at L4-5 and L5-S1; status post posterior lumbar instrumentation and fusion at L4-5 and L5-S1. The injured worker's diagnosis also included herniated cervical disc with radiculitis/radiculopathy, left shoulder strain spondylitis and impingement, and sprain/strain left elbow. The injured worker's medication regimen included Norco and Flexeril. The request for authorization for discogram at L2-3 and L3-4 was submitted on 01/24/2014. According to the documentation provided for review, the physician's rationale for request was the patient had experienced low back pain and lower extremity radicular symptoms for months. The pain persisted despite rest, use of oral anti-inflammatories and a course of physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM AT L2-3 AND L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 65. Decision based on Non-MTUS Citation ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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, Discography.

Decision rationale: The CA MTUS/ACOEM guidelines do not recommend discography. Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value. Discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. The criteria for discography should include: back pain of at least three months, failure of conservative treatment, satisfactory psychosocial assessment, and is a candidate for surgery. EMG and nerve conduction studies provided for review dated 05/15/2010 did not reveal evidence for peripheral neuropathy at the time of exam. According to the ACOEM Guidelines, the criteria for use required that the injured worker had low back pain for at least 3 months duration. The rationale for the requested stated the worker had lower back pain for "months." In addition, there is a lack of objective clinical findings related to the failure of physical therapy. There is a lack of information related to MRI results. The physician did order psychological evaluation on 10/04/2013; the results of the psychosocial evaluation are not provided within the documentation available for review. Therefore, the request for discogram at L2-3 and L3-4 is not medically necessary.