

Case Number:	CM14-0019031		
Date Assigned:	04/23/2014	Date of Injury:	10/21/2010
Decision Date:	07/03/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/14/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 46-year-old who had a date of work injury October 21, 2010. The diagnoses includes degenerative disc disease and lumbago. There is a request for an L4-5 disc annuloplasty. Prior treatment has been physical therapy, medial branch blocks, epidural steroid injections, chiropractic care and medication management. There is a February 3, 2014 primary treating physician progress report that states that the patient complains of pain in the back. The patient has pain across the lower back. The patient denies any new neurological symptoms. The patient states that the pain has stayed the same since the last office visit. The patient denies any new symptoms. The pain is worse by sitting. The level of pain is 8/10. Sleep disturbance due to pain is occasional. The patient is currently working full time. On physical examination. Motor 5/5 in all muscle groups tested. Sensory grossly intact to light touch. Reflexes are symmetric bilaterally. The straight leg Raise is negative bilaterally. Palpation over the back does reproduce pain symptoms. The gait is normal. The patient does not use a cane or walker. Range of motion is restricted, with flexion in the lumbar spine. The treatment plan states that the patient describes ongoing severe lower back pain. The provider states that she has had a discogram demonstrating an annular tear with re-creation of her typical pain in L4-5. He states that intradiscal annuloplasty was denied. The provider is requesting an appeal the intra-disco lesioning and will consider platelet rich plasma injections to the disk. She's been told surgery is not an option for her. She is a single mother and remains working full time. Diagnostic studies include MRI Lumbar Spine without Dye: May 7, 2012: Normal. There are no disc herniations, central or foraminal stenosis. Nerve conduction study : September 27, 2011 "bilateral L5-S1 radiculopathy" X-ray of the lumbar Spine, Lumbosacral 2-3 Views: No spondylolisthesis or dynamic instability. A May 7, 2012 lumbar MRI Was reviewed, and demonstrated degenerative disc disease, primarily at L4-5

with a high intensity zone in the right lateral disk. The L3-4 and L5-S1 disks are read as normal. Lumbar Discogram L4-5 and L5-S 1 (December 9, 2013) report revealed lumbar degenerative disc disease L4-5 with right annular tear and normal L5 and S 1 discs.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 DISC ANNULOPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) INTRADISCAL ELECTROTHERMAL ANNULOPLASTY (IDET).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Intradiskal Electrothermal Annuloplasty.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines states that intradiskal electrothermal annuloplasty may show some advantages over diskectomy, but IDET (intradiscal electrothermal therapy) is operator dependent and not considered ready for wholesale use by the public. Early outcomes may exaggerate the efficacy of IDET because some who initially improve later deteriorate. In addition, studies of IDET have relied on diskography, a technique not well supported by the medical evidence. IDET is also not recommended by the ODG. Despite recommendations against IDET the ODG states that the criteria for patient selection criteria for IDET if provider & payor agree to perform should include a psychiatric screening prior to discography. The documentation does not indicate patient had psychiatric screening prior to discogram. The request for L4-L5 disc annuloplasty is not medically necessary or appropriate.