

Case Number:	CM14-0114109		
Date Assigned:	08/04/2014	Date of Injury:	11/01/2003
Decision Date:	10/14/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 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:

Patient is a 70-year-old male who has submitted a claim for herniated nucleus pulposus at L4 to L5 with stenosis, degenerative disc disease with retrolisthesis of the lumbar region, cervical radiculopathy, shoulder impingement syndrome, subacromial bursitis, posttraumatic stress disorder, and anxiety associated with an industrial injury date of 11/1/2003. Medical records from 2014 were reviewed. The patient complained of neck and low back pain, rated 9 to 10/10 in severity, radiating to bilateral lower extremities, associated with numbness sensation. Patient received a psychological clearance for discogram and he was interested to undergo lumbar surgery. Physical examination showed a restricted range of motion of the lumbar spine on all planes. Sensation was diminished at the left L4, L5, and S1 dermatomes. Motor strength of left tibialis anterior, extensor hallucis longus, ankle invertors and evertors was graded 4/5, compared to 4+/5 contralaterally. MRI of the lumbar spine, dated 1/24/2013, demonstrated disc findings with retrolisthesis at T12 - L1, L1 - L2, L3 - L4, and L4 to L5 without compression deformity or osseous marrow edema. There were small focal protrusions and disc findings were also noted in distal thoracic spine. Neuroforamina narrowing L2 to L3 on the right, L3 to L4 mild left, mild to moderate at right; and L4 to L5 moderate right, severe left; and L5-S1 severe bilateral neural foramina narrowing noted at L4-L5. The request for a CT discogram test is to determine type of surgery and at which levels would be appropriate for the patient. Treatment to date has included cervical epidural steroid injections, use of a TENS unit, physical therapy, and medications. Utilization review from 7/16/2014 denied the request for CT discogram L3-L4, L4-L5, and L5-S1 using L3-L4 as the control level because it was not guideline recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT discogram L3-L4, L4-L5, and L5-S1 using L3-L4 as the control level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Discography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discography

Decision rationale: CA MTUS ACOEM Guidelines state that discography is not recommended. Recent studies on discography do not support its use as a preoperative indication for fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value. Moreover, the Official Disability Guidelines cited that although discography especially combined with CT scanning, may be more accurate than other radiologic studies in detecting degenerative disc disease, its ability to improve surgical outcomes has yet to be proven. Criteria include: (1) back pain of at least 3 months duration, (2) failure of conservative treatment, (3) MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs, (4) satisfactory results from detailed psychosocial assessment, and (5) single-level testing (with control). In this case, patient complained of neck and low back pain, rated 9 to 10/10 in severity, radiating to bilateral lower extremities, associated with numbness sensation. Physical examination showed a restricted range of motion of the lumbar spine on all planes. Sensation was diminished at the left L4, L5, and S1 dermatomes. Motor strength of left tibialis anterior, extensor hallucis longus, ankle invertors and evertors was graded 4/5, compared to 4+/5 contralaterally. MRI of the lumbar spine, dated 1/24/2013, demonstrated disc findings with retrolisthesis at T12 - L1, L1 - L2, L3 - L4, and L4 to L5 without compression deformity or osseous marrow edema. There were small focal protrusions and disc findings were also noted in distal thoracic spine. Neuroforaminal narrowing L2 to L3 on the right, L3 to L4 mild left, mild to moderate at right; and L4 to L5 moderate right, severe left; and L5-S1 severe bilateral neural foramina narrowing noted at L4-L5. The rationale for a CT discogram test is to determine type of surgery and at which levels would be appropriate for the patient. Symptoms were said to be persistent despite use of a TENS unit, physical therapy, and medications. However, failure of conservative management was not proven due to lack of documentation concerning number of therapy sessions completed. Patient likewise had comorbid post-traumatic stress disorder and anxiety disorder. There was a note that patient received a psychological clearance for discogram and he was interested to undergo lumbar surgery. However, the official report from psychologist was not made available for review. The official MRI result was also not submitted in the medical records. There is no evidence that the patient meets surgical fusion criteria. Lastly, testing should be limited to a single level and a control level. Therefore, the request for CT discogram L3-L4, L4-L5, and L5-S1 using L3-L4 as the control level is not medically necessary.