

Case Number:	CM14-0125230		
Date Assigned:	09/26/2014	Date of Injury:	08/09/2011
Decision Date:	11/05/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40-year-old person with a reported injury on 08/09/2011. The mechanism of injury was not provided. No clinical documentation was provided with the exception of a note from the prescribing doctor requesting the discogram listing his rationale for the request. On note dated 08/04/2014, clinician writes, "I requested a discogram at L3-4, L4-5, and L5-S1 to see what level is the main generator for pain. I use this diagnostic test to determine if chronic spinal pain is coming from disc pathology. The technique of discography is not standardized. There is no universally accepted definition of what constitutes a concordant painful response. There are no published intrarater or interrater reliability studies on discography. The discussion of discography is crucial to the subsequent decision of a spinal fusion for degenerative disc disease, artificial disc replacement. I use the results of the discogram in my surgical planning. If discography can accurately identify a disc as the pain generating structure, then surgical procedures on that disc make sense and should lead to patient improvement. If discography can produce pain, but cannot accurately identify that disc as the pain generating structure, then surgery on that disc is presumably unlikely to be helpful." The request was for discogram, lumbar spine L3-4 and L4-5. The rationale was as listed above in the clinician's note. No Request for Authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram, lumbar spine L3-L4, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66-67.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for discogram, lumbar spine L3-L4, L4-L5 is not medically necessary. There was no patient information provided. The California MTUS Guidelines state that recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value. It can produce significant symptoms in controls more than a year later and tears may not correlate anatomically or temporarily with symptoms. Discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. Despite the lack of strong medical evidence supporting it, discography is fairly common, and when considered it should be reserved only for patients who meet the following criteria: back pain of at least 3 months duration; failure of conservative treatment; satisfactory results from detailed psychosocial assessment; is a candidate for surgery; and has been briefed on potential risks and benefits from discography surgery. Due to the lack of clinical documentation provided, the request fails to meet the evidence based guidelines for the requested service. Therefore, the request for discogram, lumbar spine L3-L4, L4-L5 is not medically necessary.