

Case Number:	CM14-0133148		
Date Assigned:	09/18/2014	Date of Injury:	03/31/2009
Decision Date:	12/03/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/20/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 3/31/09. A utilization review determination dated 7/28/14 recommends non-certification of discogram. It referenced a 6/20/14 medical report identifying neck pain and low back pain radiating to the bilateral lower extremities and toes with numbness, tingling, and occasional weakness. There was also BUE (bilateral upper extremity) pain. On exam, there was lumbar spasm and tenderness L3-S1 with decreased ROM (range of motion) and increased pain with flexion and extension. SLR (straight leg raise) was positive bilaterally at 40 degrees. The recommendation was lumbar discography at L2-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram (Lumbar Discography) to L2-3, L3-4, L4-5, L5-S1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography

Decision rationale: Regarding the request for discogram L2-S1, CA MTUS and ACOEM state that, 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 three months duration; Failure of conservative treatment; 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.); Is a candidate for surgery; Has been briefed on potential risks and benefits from discography and surgery. ODG also notes that it is supported only for single level testing with control. Within the medical information made available for review, there is no documentation of satisfactory results from a detailed psychosocial assessment and the request is noted to be for more than a single level with control. In light of the above issues, the currently requested discogram L2-S1 is not medically necessary.