MAXIMUS Federal Services

Case Number:	CM14-0133888		
Date Assigned:	08/27/2014	Date of Injury:	12/23/2011
Decision Date:	11/05/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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 Texas and Ohio. 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 female who reported an injury on 12/23/2011. The mechanism of injury was not provided. On 02/24/2014, the injured worker presented with low back pain and tenderness on the left side. On examination, there was a positive straight leg raise on the right, intact motor strength, and difficulty walking on her toes on the right as compared to the left. The diagnoses were disc desiccation and partial rupture of the L4-5, partial sacralization of the L5-S1 level, history of internal complaints such as gastrointestinal and sleep disturbances, anxiety and depression, and left sided sacroiliitis. Prior therapies included medications, epidural steroid injections, and physical therapy with no relief. The provider recommends a discogram of the L4-5 and L5-S1; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram of L4-5, L5-S1: 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 a discogram of L4-5 and L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging studies. Recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal angioplasty or fusion. Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with a disc injected is of limited diagnostic value. The provider's rationale for the use of a discogram was not provided. Additionally, the guidelines do not support the use of discography as a preoperative indication. As such, this request is not medically necessary.