

Case Number:	CM14-0164349		
Date Assigned:	10/23/2014	Date of Injury:	10/05/2011
Decision Date:	11/28/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 53 year old male who was injured on 10/5/2011. The diagnoses are low back pain, lumbar radiculopathy, cervical radiculopathy, bilateral carpal tunnel syndrome, myofascial pain syndrome and Tietze's disease. The 8/27/2014 lumbar spine MRI showed multilevel L2-3, 4-5, L5-S1 facet arthropathy and disc bulges and abutment at right L3 nerve root. The patient had completed lumbar epidural steroid injections, lumbar facet injections and adhesiolysis procedures. On 9/17/2014, noted subjective complaints of pain score of 8.5/9/10 of a pain score of 0 to 10. The back pain was noted to be radiating to the testicular and gluteal areas. There were objective findings of positive straight leg raising test and decreased sensation along the L3 and bilateral S1 dermatomes. The medications are Oxycodone and Oxycontin for pain and Ambien for sleep. A Utilization Review determination was rendered recommending non-certification for Discogram at L2-L3, L3-L4, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar discogram at the L2-L3, L3-L4 and L5-S1 levels: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Low Back

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) guidelines addressed the use of discogram in the evaluation of chronic low back pain. It is recommended that discogram procedure can be utilized to determine the level for a planned surgical fusion procedure that could not be clarified by MRI and objective examination findings. The records indicate that the patient had MRI tests that confirmed the changes at the lumbosacral spine. The patient had already completed lumbar epidural, lumbar facet and adhesiolysis interventional pain procedures. There is no indication that a surgical procedure is being planned. The sensitivity of discogram is decreased in patients with psychosomatic symptoms and those utilizing high dose opioids. The criterion for the use of discogram for L2-L3, L3-L4, and L5-S1 was not met. Therefore, this request is not medically necessary.