

Case Number:	CM14-0170640		
Date Assigned:	10/23/2014	Date of Injury:	05/13/2004
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 05/13/2004. The mechanism of injury was not provided. On 10/08/2014, the injured worker presented with pain in the cervical spine aggravated by repetitive motion of the neck. There was radiation of pain in the upper extremities associated with headaches that are migrainous in nature, as well as tension between the shoulder blades. He also has complaints of low back pain aggravated by bending, twisting, lifting, and pushing. On examination of the lumbar spine, there was palpable paravertebral muscle tenderness with spasm noted and a seated nerve root test was positive. There is tingling and numbness in the anterolateral thigh, posterior leg as well as foot, and L5-S1 dermatomal patterns. Previous radiographs of the lumbar spine revealed spondylosis, disc space height narrowing at L5-S1 greater than L3-4 and L4-5. Diagnoses were cervicgia and lumbago. The provider recommended a lumbar spine discogram from L2 to 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:

One (1) lumbar spine discogram L2-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute and Chronic)

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

Decision rationale: The request for a lumbar spine discogram, L2-S1, is not medically necessary. The CA MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve root compromise on the neurologic examination is sufficient evidence to warrant imaging in injured workers who do not respond to treatment or who would consider surgery as an option. When the neurologic exam is less clear, however, further physiologic evidence of nerve root dysfunction should be obtained before ordering an imaging study. 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 a disc injected is of limited diagnostic value. There must be evidence of back pain of at least 3 months duration, failure of conservative treatment, and documented deficits upon physical examination. There is a lack of evidence that the injured worker had failed a trial of conservative treatment to include physical therapy and medications. Additionally, there is a lack of deficits upon physical examination to warrant a lumbar spine discogram. As such, medical necessity has not been established.