

Case Number:	CM14-0028977		
Date Assigned:	06/16/2014	Date of Injury:	01/27/2011
Decision Date:	07/28/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 31 year old male who reported an injury on 01/27/2011. The mechanism of injury was that a chair upon which he was sitting collapsed and he landed on a concrete floor in a sitting position. He had immediate low back pain which worsened within 24 hours. The progress note of 06/09/2014 reported that an MRI of the lumbar spine was performed on 03/16/2011 and showed Degenerative Disc Disease, worst at L3-4, L4-5 and L5-S1 with minimal foraminal encroachment at L3-4 and L5-S1. He received a lumber epidural steroid injection (ESI) in April of 2011 with some benefit. He had a second ESI on 01/27/2012, also with transient benefits, and a third on an unknown date. He received physical therapy, chiropractic treatments and acupuncture treatments with no long-term benefits. He then had an additional 8 physical therapy visits without relief. On unspecified dates, he had diagnostic facet injections with reported relief and a facet radiofrequency ablation in July of 2012 with no relief. Also on dates unknown, he reportedly had a discogram which he stated was positive at L3-4, L4-5 and L5-S1. Rheumatoid diseases were ruled out. His medications included OxyContin 40 mg, which he is weaning down as of 06/06/2014, Percocet 10/325 mg and ambien 10 mg. He was also prescribed valium 10 mg, a fentanyl 75 mcg/hr patch, Neurontin 100mg and soma 350 mg. His history also included a 3-level lumbar fusion on 03/14/2014. He rates his pain, which is mainly in his low back, on a range from 3/10-10/10. There was no request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAPHY L2-L3, L3-L4, L4-L5,L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: ACOEM indicates that diskography is not recommended for assessing patients with acute low back symptoms. Recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. On 06/06/2014, this worker reported that he had had a discogram which was positive at L3-4, L4-5 and L5-S1. Diskography is an invasive technique with risk factors much greater than the preferred MRI. The 06/06/2014 note further identifies L2-3 as the normal control, which is specifically mentioned in literature as having a high risk of accelerated disc degeneration without increasing test validity. In addition, as the injured worker was noted to have discography recently, documentation is needed regarding the rationale for repeat testing at this time. Therefore, this request for discography is not medically necessary.

POST DISCOGRAPHY CT SCAN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As the request for Discography is non-certified, the post discography CT scan is also non-certified.