

Case Number:	CM14-0029301		
Date Assigned:	06/20/2014	Date of Injury:	02/01/2007
Decision Date:	07/31/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/07/2014

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 Surgery 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 51-year-old female sustained an industrial injury on 2/1/07. The mechanism of injury was not documented. The 12/13/12 bilateral lower extremity electrodiagnostic testing was normal. The 1/30/14 lumbar MRI documented early lumbar degenerative disease, focal right L5/S1 paracentral disc protrusion with no spinal stenosis, and L4/5 broad based disc protrusion with central annular tear and no spinal stenosis. The 2/4/14 treating physician report cited significant low back pain and intermittent right thigh and bilateral groin pain. Functional difficulty was documented in activities of daily living. A recent L5/S1 epidural steroid injection provided 50% improvement in pain for one month. Physical exam documented full lumbar range of motion, paraspinal muscle spasms, 4/5 extensor hallucis longus weakness bilaterally, normal reflexes, and intact sensation. The treatment plan recommended L4/5 nucleoplasty and/or L4 to S1 discogram. If the discogram was positive, she would be a candidate for fusion or disc replacement. The 2/27/14 utilization review denied the request for lumbar discogram based on an absence of guideline support and current objectification of pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCOGRAM LUMBAR L4-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): 138-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Discography.

Decision rationale: The ACOEM revised low back guidelines state that discography is not recommended for acute, sub-acute, and chronic lower back pain or radicular pain syndromes. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. Discogram outcomes have not been found to be consistently reliable for the low back, based upon recent studies. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this patient's clinical scenario. There is no compelling reason to support the medical necessity of this request in the absence of guideline support. Therefore, this request for lumbar discogram L4-S1 is not medically necessary.