

Case Number:	CM14-0031101		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2013
Decision Date:	09/08/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/12/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 is a male patient with the date of injury of June 24, 2013. A Utilization Review was performed on February 17, 2014 and recommended non-certification of Discogram L1-S1. A Progress Report dated October 17, 2013 identifies Subjective Complaints of low back pain, with numbness down the right leg and tingling down the left leg. Objective Findings identify tenderness to palpation from L3-5. Sciatic notch tenderness is present bilaterally. Diagnoses identify low back pain, degenerative disc disease at L1-L5, and left L4-5 disc bulge. Treatment Plan identifies discogram L1-S1. The patient is noted to not be interested in a fusion and artificial disk replacement was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L1-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography.

Decision rationale: Regarding the request for Discogram L1-S1, Occupational Medicine Practice Guidelines state discography may be used where fusion is a realistic consideration, and

it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.); Is a candidate for surgery; Has been briefed on potential risks and benefits from diskography and surgery. Within the medical information made available for review, there is documentation of back pain of at least three months duration, failure of conservative treatment, and the patient is considered a candidate for surgery. However, evidence based guidelines state there is a lack of strong medical evidence supporting discography. ODG supports only single level testing with one control level. In addition, despite stating that the patient is a surgical candidate, the patient is noted to not be interested in a fusion. There is no documentation of satisfactory results from a detailed psychosocial assessment and the patient has been briefed on potential risks and benefits from diskography and surgery. Additionally, the number of levels exceeds the number supported by guidelines. In the absence of such documentation, the currently requested Discogram L1-S1 is not medically necessary.