

Case Number:	CM14-0035180		
Date Assigned:	06/23/2014	Date of Injury:	11/10/1997
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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 Illinois. 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 49 year old male who reported an injury on 11/10/1997 for a fall. The injured worker had a history of middle and bilateral lower back pain with pain 7/10 with medication and 10/10 with medication using the VAS scale. The medications include baclofen 20 mg one tab two times a day, Celebrex 200mg one cap two times a day, Dilaudid 4 mg tab every 8 hours as needed, Fentora 600 mcq 40 every 8 hours and Lyrica 150 mg caps every 8 hours. The injured worker is status post lumbar discectomy and fusion at the L4-S1, removal of hardware, multiple epidural steroid injections, and lumbar ablation at the L1-S1. The diagnostics include MRI scan with disc protrusion at the L3-4 with narrowing, bilateral facet hypertrophy at the L3-4 and L5-S1. The diagnoses include myofascial pain/ spasm, opioid dependency, large disc herniation with severe central stenosis at the L3-4. The treatment plan includes continuing with medication regimen and discogram at the L3-L4 and L5-S1 with negative control. The authorization form dated 03/20/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L3-L4 and L5-S1 with negative control: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discography.

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) Low Back- Lumbar and Thoracic.

Decision rationale: The request for Discogram at the L3-L4 and L5-S1 with negative control is not medically necessary. The California Guidelines MTUS/ ACOEM indicate that use of diskography do not support its use as a preoperative indication for either intradiskal electrothermal 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 and it can produce significant symptoms in controls more than a year later. The Official Disability Guidelines do not recommend the use of discography. It has been used as part of the pre-operative evaluation of injured worker's for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that reproduction of the injured worker's specific back complaints on injection of one or more discs is of limited diagnostic value. The document was not evident that the injured worker would be having or had been evaluated for surgery, only that he was a candidate for surgery. The Official Disability Guidelines do not recommend a discogram. As such, the request for Discogram L3-L4 and L5-S1 with negative control is not medically necessary.