MAXIMUS Federal Services

Case Number:	CM14-0035757		
Date Assigned:	06/23/2014	Date of Injury:	08/18/2008
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 and is licensed to practice in Minnesota. 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 60-year-old male who reported an injury on 08/18/2008 due to an unknown mechanism. The injured worker had complaints of lumbar spine pain, intermittent with lifting and bending, and left foot plantar burning sensation. Patient states pain was severe. Physical examination on lumbar spine revealed positive triggers, with range of motion negative 10 and negative 20. Positive left leg straight raise to 45 degrees. Diagnoses for the injured worker were unspecified thoracic/ lumbar neuropathy, post laminectomy, and lumbago. The medications were Norco, Relafen, Tylenol and/or Advil. Diagnostic study submitted was the MRI dated 10/11/2013. Physical therapy and past medications tried and failed were not submitted. The treatment plan was for lumbar discogram of L3-L5. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4. Decision based on Non-MTUS Citation ODG lumbar spine.

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

Decision rationale: The request for lumbar discogram for L3-L5 is not medically necessary. The documents submitted did not explain why this test is being ordered. ACOEM states that recent studies on discography do not support its use as a properative indication for either intradiscal electrothermal annuloplasty or fusion. Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value; also, it can produce significant symptoms more than a year later. Discography may be used when fusion is a realistic consideration, and it may provide supplemental information prior to surgery. Despite the lack of strong medical evidence supporting it, discography is fairly common. When considered, it should be reserved only for patients who meet the following criteria: back pain of at least three months; failure of conservative care; satisfactory results from a detailed psychosocial assessment; and is a candidate for surgery who has been briefed on potential risks and benefits from discography and surgery. The documentation submitted lacks reports of physical medicine and medications tried and failed. There were no pain scale values noted or pain relief with current medications. The request does not meet guideline criteria, and, therefore, it is not medically necessary or appropriate.