

Case Number:	CM14-0037664		
Date Assigned:	06/25/2014	Date of Injury:	08/04/2011
Decision Date:	08/14/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/28/2014

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, has a subspecialty in Interventional Spine 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 patient is a 32-year-old female with a date of injury of 08/04/2011. The listed diagnoses per [REDACTED] are disorder of trunk, thoracic or lumbosacral neuritis or radiculitis; low back pain, lumbago; degeneration of intervertebral disk; and disorder of back, other symptoms referable to back. According to progress, report 02/14/2014 by [REDACTED], the patient presents with ongoing low back and severe right lower extremity radicular pain. The patient noted some improvement in her radicular pain with the recently added gabapentin. Examination of the lumbar spine revealed tenderness of the spinous process at L4 and the transverse process on the right at L4. There was tenderness of the paraspinal region at L4, the iliolumbar region and positive paraspinal spasms to the right L2 to L5. Request for authorization from 02/14/2014 requests authorization for discography of the lumbar spine. Utilization review denied the request on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Discography.

Decision rationale: This patient presents with ongoing low back and severe right lower extremity radicular pain. The treater is requesting a discography for the lumbar spine. MTUS guidelines do not discuss discograms. However, ACOEM (pg 304) states recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Discography 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 year later. The Official Disability Guidelines (ODG) also states discograms are not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients 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. ACOEM does state, Discography may be used where fusion is a realistic consideration. However, according to ACOEM Medical guidelines page 307, fusion surgery is indicated for spinal instability after decompression at the level of degenerative spondylolisthesis, spinal fracture, dislocation or spondylolisthesis with segmental instability. Magnetic resonance imaging (MRI) of the lumbar spine revealed discogenic disease at L3 to L4 associated with a 3 mm broad-based right paracentral protrusion leading to mild effacement of thecal sac. There were mild degenerative changes of the facets at L5 to S1 with a 3 mm bulge noted and no evidence of central or foraminal stenosis. In this case, fusion surgery is not indicated. Recommendation is not medically necessary.