

Case Number:	CM14-0049930		
Date Assigned:	07/07/2014	Date of Injury:	03/08/2014
Decision Date:	08/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/17/2014

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 Texas. 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 39 year old male who had a work-related injury on 03/08/12. The injury occurred while he was mounting and balancing tires he lifted a tire and twisted his back and felt pain in his lower back. He was diagnosed with a lumbar strain. The injured worker had transforaminal epidural steroid injections at bilateral L3-4 and bilateral L4-5 levels on 05/14/12 and on 06/25/12. No longstanding relief. The injured worker also underwent chiropractic treatment with no relief. On 01/02/13 the injured worker underwent left-sided lumbar laminotomy, medial facetectomy and foraminotomy and micro-discectomy at L3-4, L4-5 and left-sided L5-S1 medial facetectomy and foraminotomy and neurolysis of the left L4, L5, and S1 nerves. Magnetic resonance image of the lumbosacral spine done on 09/25/13 reveals a mild scoliosis convex to the left of the lumbar spine. At L3-4, there is disc desiccation. There is loss of posterior intervertebral disc height. There is a 5mm disc protrusion with bilateral paracentral extension and 3mm inferior extrusion vs post-discectomy changes indenting the thecal sac and abutting the right L4 nerve root in the right lateral recess. There is facet arthropathy noted. There is hypertrophy of the ligament flavum. There is epidural lipomatosis. There are changes consistent with a left L3 laminotomy. There is moderate central canal stenosis. There is mild to moderate right lateral recess stenosis. There is mild left lateral recess stenosis. At L4-5, there is disc desiccation. There is mild loss of posterior intervertebral disc height. There is a 5mm central and left paracentral posterior disc protrusion with right paracentral extension and bilateral foraminal extension vs. post-discectomy changes indenting the fecal sac and partially obliterating the left lateral recess and abutting the left L5 nerve root and left lateral recess. There is facet arthropathy. Findings are suggested of a left L4 laminotomy. Mild to moderate central canal stenosis. There is moderate bilateral neuroforaminal stenosis. At L5-S1, there is mild loss posterior intervertebral disc height. There is a 3mm central posterior disc protrusion with

bilateral paracentral extension. There is facet arthropathy. Mild bilateral neuroforaminal stenosis. Physical examination of the lumbar spine dated 03/10/14 revealed restricted range of motion. Orthopedic testing reveals positive straight leg raise, Bargard's, Bowstring bilaterally. Sensory deficit in the lower extremities was noted at dermatomes L4, L5, and S1 bilaterally. Motor weakness in the extensor hallucis longus, gastrocnemius and peroneus longus bilaterally rated 4/5. Deep tendon reflexes are diminished at the knees and ankles bilaterally. Diagnoses include lumbar spine herniated disc L2-S1. Status-post posterior lumbar interlaminar laminotomy at the left L3-S1 on 01/02/13 with residuals. Cervical spine strain/sprain. There is bilateral knees strain/sprain; bilateral wrist sprain/strain; bilateral hip sprain/strain; and bilateral ankle sprain/strain. The injured worker has completed post-operative treatment and continues to have severe discomfort in his low back and lower extremities. Prior utilization review for discography at lumbar 2 through sacral 1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Lumbar Discogram at Lumbar 2 - Sacral 1: Upheld

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

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) Low Back Chapter, Discography.

Decision rationale: The current guidelines do not support the request for discogram, as it is not recommended by guidelines. 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 Intradiscal electrothermic therapy or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. Therefore, the request for lumbar discogram at lumbar 2 - sacral 1 is not medically necessary and appropriate.