

Case Number:	CM14-0054864		
Date Assigned:	07/07/2014	Date of Injury:	06/23/2011
Decision Date:	09/03/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine 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 25-year-old female who has submitted a claim for history of lumbosacral strain, a component of instability with retrolisthesis of L4 on L5, and lumbar spinal stenosis at L4-5 associated with an industrial injury date of 06/23/2011. Medical records from 08/28/2013 to 07/07/2014 were reviewed and showed that patient complained of low back pain graded 3-9 radiating into the right hip. Physical examination revealed tenderness upon palpation over the lumbar paraspinal musculature bilaterally. Lumbar spine ROM was limited. Heel-and-toe walk across the examining room was done without difficulty. SLR test was positive on the right and negative on the left. MMT and sensation to light touch of lower extremities were normal. Achilles reflexes were 0-1+ and symmetrical. MRI of the lumbar spine dated 09/12/2012 revealed moderate posterior disc and osteophyte at L4-5 toward the left with retrolisthesis and severe L5 foraminal stenosis impinging the left L4 root. Treatment to date has included epidural injection, physical therapy, and pain medications. Utilization review dated 03/26/2014 denied the request for lumbar discogram because it was unclear if the patient has been recommended for a surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Discography Special Studies and Diagnostic and Treatment Considerations pp. 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Discography.

Decision rationale: The CA MTUS ACOEM Treatment Guidelines state that recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion. In addition, ODG states that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain and its use has not been shown to improve clinical outcomes. Patient selection criteria for Discography include: MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection); Satisfactory results from detailed psychosocial assessment (discography 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); Briefed on potential risks and benefits from discography and surgery. In this case, discogram was requested to determine the next course of action in patient treatment (06/17/2014). However, ODG states that discography's diagnostic accuracy remains uncertain and its use has not been shown to improve clinical outcomes. There was no discussion of a contemplated surgery to support its use pre-operatively. Moreover, the patient did not meet the patient selection criteria aforementioned. The levels intended for testing were likewise non-specified. A psychological clearance was not obtained. Therefore, the request for lumbar discogram is not medically necessary.