

Case Number:	CM14-0058856		
Date Assigned:	07/09/2014	Date of Injury:	04/22/2007
Decision Date:	09/24/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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, has a subspecialty in Pain 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 injured worker has diagnoses of chronic low back pain, lumbar degenerative disease, lumbar disc herniations, knee pain, and chronic neck pain. The injured worker has a history of cervical spine discectomy and fusion from C5 through C7. The patient's conservative therapies for the lumbar spine include activity modification, physical therapy, pain management, and lumbar epidural injections. There is documentation in a progress note on January 16, 2014 that a spine surgeon would consider as a last resort an L4 through S1 posterior interlumbar body fusion. Previous lumbar MRI on date of service October 28, 2013 had revealed at the L3-L4 level there was a 2 to 3 mm posterior disc protrusion. At L4-L5 there is 10% decrease in disc height with a 3 mm central and right paracentral disc protrusion. At L5-S1 there was also a 3 mm posterior disc protrusion with annular tear noted. A utilization review determination had noncertified the request for discography. The rationale for the denial was that "the information submitted does not clearly reflect significant progression of symptoms, red flags, or extenuating circumstance which indicate the need for further diagnostic testing at this time. Additionally, there is no mention of surgical plan for spinal fusion."

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at the lumbar levels bilaterally at L3-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation ODG(The Official

Disability Guidelines)-TWC Low Back Procedure Summary (last updated 03/31/2014)
Discography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304-305.

Decision rationale: ACOEM Guidelines Chapter 12 on pages 304-305 state the following:
"Recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) 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 (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: back pain of at least three months duration; failure of conservative treatment; satisfactory results from detailed psychosocial assessment. (Diskography 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.) ; is a candidate for surgery and has been briefed on potential risks and benefits from diskography and surgery." In this case, there is a request for lumbar discography at the bilateral L3-L5 levels and L5-S1 levels. It is not clear why this request is documented as being bilateral. In the general case, discography is not supported by recent evidence for the ACOEM guidelines. Furthermore, the criteria for this to proceed despite the lack of evidence, there should be documentation of psychosocial assessment. This information is missing in the submitted documentation and this request is not medically necessary.