

Case Number:	CM14-0076745		
Date Assigned:	07/18/2014	Date of Injury:	12/22/2010
Decision Date:	09/19/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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 patient is a 51 year old male who sustained an industrial injury on 12/22/2010. He is status post L4-5 and L5-S1 laminectomy and partial facetectomy on 5/9/2013. A 9/30/2013 updated lumbar spine MRI is reported to demonstrate interval surgery since prior study of 3/31/2011, L4-5 disc degeneration with post-laminectomy changes on the left side, 2 mm disc bulge, and otherwise examination was unchanged. Lumbar x-rays with flexion and extension studies dated 4/5/2014 provided the impression: 1. No radiographic evidence of acute fracture or vertebral instability. 2. Mild discogenic spondylosis from L2/3 - L5/S1. 3. Minimal facet arthrosis at L4/5 and L5/S1. 4. Moderate loss of the normal lumbar lordosis. 5. Minimal right convexity of the lumbar spine with an apex at L1. According to the 4/23/2014 PTP PR-2, the patient continues to complain of lower back pain with radicular symptoms in the legs. He reports difficulty with prolonged sitting, standing and walking. Objective findings are limited lumbar ROM, lumbar paraspinal musculature tightness, SLR +65 degrees on the left and +70 degrees on the right, hypesthesia along the anterolateral aspect of the foot and ankle bilaterally, weakness of big toe dorsiflexion bilaterally, and facet joint tenderness at L3, L4, and L5 levels. The diagnoses are lumbosacral DDD, psychogenic disorder, post-surgical state, lumbar radiculopathy, internal derangement knee, lumbar disc displacement, and sprains knee and leg. Authorization for lumbar Discography of L2-S1 levels for diagnostic purposes and surgical clearance for the procedure are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine discogram L2-L3, L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305 and 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter (Low Back- Lumbar and amp; Thoracic (Acute and amp; Chronic).

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, Discography.

Decision rationale: The guidelines do not support discography. According to the Official Disability Guidelines, if the provider and payor agree to perform the procedure anyway, patient selection criteria for Discography include only single level testing (with control). This request of L2-S1 discogram is not supportable. Regardless, as stated, discography is not recommended by the guidelines. Per the CA MTUS and ODG, recent studies on discography do not support its use as a preoperative indication. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value. Pain production was found to be common in non-back pain patients, pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing. The medical records do not provide a valid rationale for proceeding with a potentially painful test that has not been found to have any reliable clinically relevant diagnostic value. The request for discography is not appropriate or medically necessary.

Outpatient surgical clearance/ internal medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter- Lumbar and Thoracic (Acute and Chronic) chapter; ODG Criteria for Preoperative lab testing and the ACC/American Heart Association 2007 guidelines (<http://circ.ahajournals.org/cgi/content/full/116/17/e418>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503; Official Disability Guidelines (ODG), Low Back, Preoperative testing, general.

Decision rationale: The medical records fail to establish the patient is pending surgery. The request for lumbar discography is not appropriate or medically necessary. Therefore, surgical clearance is not warranted.

