

Case Number:	CM14-0079875		
Date Assigned:	07/18/2014	Date of Injury:	05/11/2003
Decision Date:	08/15/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 Pain Management, 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:

This is a female patient with the date of injury of May 11, 2003. A Utilization Review was performed on May 22, 2014 and recommended non-certification of 1 L1-L2 Discogram with Control Level at the T12-L1 with Post-CT Scan between 5/20/2014 and 7/4/2014. A Progress Report dated May 5, 2014 identifies Interval History of severe pain in her back radiating into the legs. She has a heaviness to her legs and difficulty standing. Physical Examination identifies tenderness at the L1-2 segment. Increasing pain with extension of the back past neutral. Motor strength testing shows she has 4/5 strength in the gastroc, peroneal, and posterior tibialis on the left. Diagnoses identify adjacent level stenosis, foraminal, at L1-2 with progressive intervertebral disk collapse at L1-2 above a fusion from L2 to S1 with neurogenic claudication. Discussion identifies authorization for a diskogram at L1-2 with a control level at the T12-L1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-L2 DISCOGRAM WITH CONTROL LEVEL AT THE T12-L1 WITH POST-CT SCAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography.

Decision rationale: Regarding the request for L1-2 discogram with control level at the T12-L1 with post-CT scan, Occupational Medicine Practice Guidelines state discography 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; Has been briefed on potential risks and benefits from diskography and surgery. Within the medical information made available for review, there is documentation of back pain of at least three months duration, failure of conservative treatment, and the patient is considered a candidate for surgery. However, evidence based guidelines state there is a lack of strong medical evidence supporting discography. In addition, despite stating that the patient is a surgical candidate, there is no mention that fusion is a realistic consideration. There is no documentation of satisfactory results from a detailed psychosocial assessment and the patient has been briefed on potential risks and benefits from diskography and surgery. In the absence of such documentation, the currently requested L1-2 discogram with control level at the T12-L1 with post-CT scan is not medically necessary.