MAXIMUS Federal Services

Case Number:	CM14-0083610		
Date Assigned:	07/21/2014	Date of Injury:	03/26/2012
Decision Date:	08/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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:

Injured worker is a male with date of injury 3/26/2012. Per qualified medical reevaluation dated 12/17/2013, the injured worker complains of increased pain that radiates to both lower extremities. The pain is rated at 7/10 and is constant. He has not taken any medication. The pain is increased with prolonged sitting and standing. Cold weather increases his pain. Pain is decreased with medication, transcutaneous electrical nerve stimulation (TENS) unit, and rest. He experiences tingling, numbness and weakness in both legs. There is a vibrating sensation in the left greater than the right leg. On examination the injured worker walks with an antalgic gait on the right lower extremity. He has an erect posture and tenderness on palpation. He has a inch post-surgical scar in the mid back since 1999. He has tenderness in the lumbosacral junction. He has tenderness as T12-S1 with spasm and guarding and tenderness in the L4-L5 and L5-S1 as well. Range of motion is flexion 30 degrees, extension 5 degrees, lateral bending to the right and left 10 degrees, rotation to the right and left 15 degrees. He has painful terminal range of motion. His calves measure 13.5 inches bilaterally and thighs measure 15.5 inches bilaterally. Sensation is decreased in the left lower extremity at L4-L5 and L5-S1 dermatomes. He has a grade 4/5 motor power in the quadriceps muscle in extension and he heel and toe-walks with difficulty. All other muscles in the lower extremity seemed to be intact. Reflexes are 1+ bilaterally in the patella, Achilles, and the plantars are downgoing. Straight leg raising test produces pain in the lower back at 70 degrees on the left lower extremity and on the right at 90 degrees negative. Crossed-leg test, flip test, Lasegue's test, Cram's test and Braggard's tests are negative. Diagnoses include 1) status post lumbar laminectomy in 1999 and radiculopathy at left L5-S1, 2) discogenic disease, lumbar spine, left L4-L5 radiculopathy, 3) herniated disc at L4-L5, 3 to 4 mm, 4) possible failed back surgery, 5) depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discography at levels L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requesting physician recommended discography of the L4-5 and L5-S1 levels on 6/20/2013. The AME recommends that the injured worker have the discogram. The claims administrator notes that the injured worker had a microdiscectomy at L4-L5 in 1999. The claims administrator verified that there has not been a decision to have a spinal fusion.Per the MTUS Guidelines, the use of lumbar discogram is not useful in identifying the symptomatic high-intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value. This is noted to be especially inaccurate if chronic or with abnormal psychologic tests, both of which there is documented record of for this injured worker. The discogram can produce significant symptoms in controls more than a year later. Discograms are supported by these guidelines when a fusion is a realistic consideration, and it is expected that the discogram may provide supplemental information prior to surgery. The request for this procedure is not accompanied by any discussion of plans for spinal fusion, however. The MTUS Guidelines caution against the use of discogram, particularly in subjects with emotional and chronic pain problems because this profile has been linked to reports of significant back pain for prolonged periods after injection.The request for discography at levels L4-5 and L5-S1 is determined to not be medically necessary.