

Case Number:	CM14-0092775		
Date Assigned:	07/25/2014	Date of Injury:	02/02/1999
Decision Date:	10/02/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 62-year-old female who has submitted a claim for chronic low back pain, lumbosacral spondylosis with a grade 1 spondylolisthesis at L5-S1 and S1 radiculopathy (by Electromyography (EMG) associated with an industrial injury date of 02/02/1999. Medical records from 03/29/2010 to 05/19/2014 were reviewed and showed that patient complained of low back pain graded 8/10. Physical examination revealed tenderness over lumbar paraspinals, decreased range of motion (ROM), intact MMT of lower extremities, and hypesthesia along right L3, L4, and L5 dermatomal distribution. Electromyography/nerve conduction velocity (EMG/NCV) study of lower extremities dated 03/05/2014 revealed right S1 radiculopathy. Magnetic resonance imaging (MRI) of the lumbar spine dated 01/02/2014 revealed L5-S1 disc desiccation with grade I spondylolisthesis at L5-S1 level with degenerative changes and moderate narrowing of L5 neural foramina, multilevel (all lumbar levels except L5-S1) moderate bilateral degenerative facet changes with mild narrowing of adjacent lumbar foramina bilaterally, and possible renal cyst rule out neoplasm. Treatment to date has included ESI and facet injections (date not made available), cyclobenzaprine, Tramadol, and other pain medications. Utilization review dated 05/14/2014 denied the request for discogram L5-S1 disc and control disc because the criteria for discogram study were not met

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L5-S1 disc and control disc: Upheld

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

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 intradiskal 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 (if provider & payer agree to perform anyway) include: an 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. Discography is not recommended in Official Disability Guidelines (ODG). In this case, the patient complained of low back pain. There was no discussion of a consensus or informed consent from the patient to undergo discography. Discography is not recommended by the guidelines as its diagnostic accuracy remains uncertain unless the patient agrees to undergo the procedure anyway. The medical necessity cannot be established without documentation of patient's approval. There is no evidence that the injured worker meets surgical fusion criteria. Lastly, a psychological clearance was not obtained. Therefore, the request for Discogram L5-S1 disc and control disc is not medically necessary.