

Case Number:	CM14-0094886		
Date Assigned:	07/25/2014	Date of Injury:	04/13/2009
Decision Date:	08/28/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 Orthopedic Surgery and is licensed to practice in Maryland. 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 is a 57 year old male whose date of injury is April 13, 2009. The mechanism of injury is undisclosed, but the injured worker is noted to complain of neck pain and low back pain. He has undergone multiple diagnostic studies including electromyography (EMGs) of the lower extremities; lumbar spine MRIs; lumbar provocative discogram; cervical spine MRI. The records indicate that lumbar discogram on November 10, 2011 was positive at L3 to L4, L4 to L5 and L5 to S1 with negative control level at L2 to L3 (the L2 to L3 level was noted to have a 2 millimeter symmetric disc bulge with findings consistent with a grade three annular tear but provocative testing was negative). The injured worker is noted to have had extensive medical treatment including physical therapy, medications, home exercise program, epidural steroid injections, facet blocks, and cervical rhizotomy. The injured worker was seen for orthopedic evaluation on December 11, 2013. Physical examination reported gait is antalgic; spinal tenderness, spasm and tightness; spasms on motion; flexion is 10 degrees with pain at end of range, extension is 5 degrees; sciatic stretch signs and straight leg raise are positive bilaterally; sensation decreased in the L5 and S1 distribution on the right; inability to heel and toe walk due to weakness in legs. Repeat discogram was recommended for updated status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram L2-L3, L3-L4, L4-L5 & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & 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: Current evidence based guidelines do not recommend discography for preoperative evaluation conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either Intradiscal electrothermal coagulation (IDET) or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) 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. Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. The injured worker has undergone previous discogram in 2011 which was positive at L3-4, L4-5 and L5-S1 with negative control at L2-3. There is no indication of significant changes in the injured worker's symptomatology or evidence of progressive neurologic deficit since previous discogram was completed. Based on the clinical information provided, medical necessity is not established for lumbar discogram L2 to L3, L3 to L4, L4 to L5 and L5 to S1.