

Case Number:	CM14-0108660		
Date Assigned:	08/01/2014	Date of Injury:	04/24/2013
Decision Date:	01/07/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 40 year old male with an injury date of 04/24/13. As per progress report dated 01/08/14, the patient complains of severe back pain with intermittent radiation into the legs, right greater than left. Physical activities, including prolonged sitting or standing, worsen the pain. Physical examination reveals moderate tenderness in the lower back along with limited range of motion during extension. Straight leg raise is positive bilaterally, especially on the right. Right S1 Achilles reflex is diminished. As per physical therapy progress note dated 12/06/13, the patient's level of pain is rated at 6/10. The patient completed physical therapy but the pain returned once the treatment was over, as per progress report dated 01/08/14. He uses Vicodin to manage the pain. X-ray, 01/08/14, as per progress report dated 01/08/14: Significant disc space collapse at L4-5 and L5-S1. MRI on 06/04/13, as per progress report dated 01/08/14:- 4 mm paracentral disc herniation at L3-4- Disc desiccation and laminotomy defect along with disc herniation that extends in the right foramen. This is associated with degenerative joint disease.- Post-op laminectomy change at L5-S1. Disc herniation with right foramen stenosis. MRI of the Lumbar Spine, 03/17/14- At L5-S1, 3 mm circumferential disc protrusion with abutment of the exiting L5 nerve roots bilaterally- At L4-5, 5 mm right foraminal disc protrusion with abutment of the exiting right L4 nerve root. Broad 4mm midline disc protrusion resulting in abutment of the descending L5 nerve root bilaterally with a mild-to-moderate degree of central canal narrowing.- Multilevel facet arthropathy. Diagnosis on 01/08/14:- S/P L4-5 laminectomy and discectomy in 2005, non-industrial- L3-S1 disc desiccation with disc space collapse- S/P right ACL repair in 1995, non-industrial. The treator is requesting for Discogram Lumbar Spine. The Utilization Review denial letter being challenged is dated 06/06/14. The rationale was "discography is not expected to provide additional reliable diagnostic information and its risks outweigh benefits." Treatment reports were provided from 01/08/14 - 06/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Treatment in Workman's Compensation (TWC): Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and topic Discography

Decision rationale: The patient is s/p L4-5 laminectomy and discectomy in 2005, and s/p ACL repair in 1995. The patient presents with severe back pain with intermittent radiation into the legs, right greater than left, as per progress report dated 01/18/14. The pain is rated at 6/10, as per physical therapy report dated 12/06/13. The request is for Discogram Lumbar Spine. ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Discography' states that "Discography is not recommended in ODG. Patient selection criteria for Discography if provider & payor agree to perform anyway: (a) Back pain of at least 3 months duration (b) Failure of recommended conservative treatment including active physical therapy (c) 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) (d) 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) (e) Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria. (f) Briefed on potential risks and benefits from discography and surgery (g) Single level testing (with control) (Colorado, 2001) (h) Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification. In this case, the patient has had chronic back pain and has not benefited from conservative therapy. MRI dated 06/04/13, as per progress report dated 01/08/14, indicates degenerative joint disease. The treater states that "most likely he will need fusion from L4-S1 with revision decompression," and the discogram may serve as a screening tool to assist surgical decision making. However, ODG guidelines do not recommend discography. Additionally, the patient is s/p laminectomy and discectomy. The ODG guidelines state that "Due to high rates of positive discogram after surgery

for lumbar disc herniation, this should be potential reason for non-certification." The request is not medically necessary.