

Case Number:	CM14-0193649		
Date Assigned:	12/01/2014	Date of Injury:	07/22/2008
Decision Date:	01/13/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/19/2014

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 Orthopedic Spine Surgery 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 injured worker is a 34-year-old male who reported an injury due to continuous trauma on 07/22/2008. On 10/16/2014, his diagnoses included lumbar syndrome. His complaints included low back pain. It was noted that he was stable and using a back brace during the day at work. The treatment plan included a request for an L5-S1 analgesic discogram. An MRI of the lumbar spine on 09/12/2014 revealed evidence of discectomy and fusion at L4-5, with near anatomic alignment along with fusion of the facets. There was a new moderate circumferential disc bulge at L5-S1. New superimposed mild central disc protrusion causing ventral effacement of the thecal sac with mild central narrowing. No other levels demonstrated significant central or foraminal narrowing. A CT of the lumbar spine on 09/12/2014 revealed similar results. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Analgesic Discogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 714-715.

Decision rationale: The request for L5-S1 analgesic discogram is not medically necessary. The California ACOEM Guidelines note that discography, whether performed as a solitary test or when paired with imaging (MRI), is moderately not recommended for acute, subacute, or chronic low back pain, or for radicular pain syndromes. The technique of discography is not standardized. There is no universally accepted definition of what constitutes a concordant painful response. There are no published inter-rater or intra-rater reliability studies on discography. If discography can produce pain, but cannot accurately identify that disc as the pain generating structure, then surgery on that disc is presumably unlikely to be helpful. The guidelines do not support the use of discogram. Therefore, this request for L5-S1 analgesic discogram is not medically necessary.