

Case Number:	CM14-0202359		
Date Assigned:	12/12/2014	Date of Injury:	08/13/2013
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/03/2014

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 Emergency Medicine and is licensed to practice in New York. 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 44-year-old male who was injured on August 13, 2013. The patient continued to experience pain in his neck. Physical examination was notable for tenderness to neck on palpation, tenderness over lumbar paraspinal muscles, and positive straight leg raise bilaterally. Diagnoses included headache, cervical neuritis, cervical radiculopathy, lumbago, and thoracic/lumbosacral neuritis/radiculitis. Treatment included medications, physical therapy, and acupuncture. Request for authorization for discography of the lumbosacral spine was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discography Lumbosacral Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS 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) Low back-Lumbar & Thoracic, Discography

Decision rationale: Lumbar discography is an injection technique used to evaluate patients with back pain who have not responded to extensive conservative (nonsurgical) care regimens. The most common use of discography is for surgical planning prior to a lumbar fusion. Recent

studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Per MTUS discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. In this case documentation in the medical record does not specify that the patient has agreed to surgical intervention. Per the Official Disability Guidelines, discography is not recommended. Therefore, this request is not medically necessary.