

Case Number:	CM14-0204691		
Date Assigned:	12/17/2014	Date of Injury:	04/06/2005
Decision Date:	02/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 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 59-year-old female who reported injuries of unspecified mechanism on 04/06/2005. On 10/09/2014, her diagnoses included displacement of lumbar intervertebral disc without myelopathy, lumbar spinal stenosis without neurogenic claudication and thoracic or lumbosacral neuritis or radiculitis. Her complaints included pain in the left low back, left buttocks and down her left lower extremity. An epidural steroid injection directed to the left L5-S1 and S1 neural foramen was noted to be "quite helpful." An MRI on an unknown date reportedly showed discogenic disease at L5-S1 with evidence of an annular fissure. It was noted that she was taking a long acting form of Ultram 200 mg, which was affording her significant pain relief. The rationale for the requested discography was because discogenic pain is difficult to treat. After discussing various options, the choice was made to proceed with the discography to determine which level is most painful and then proceed with intradiscal injection of fibrin glue. A Request for Authorization dated 10/09/2014, was 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:

Lumbar discography at the lower three levels of L3-L4 to L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for lumbar discography at the lower three levels of L3-L4 to L5-S1 is not medically necessary. The California ACOEM Guidelines note that discography, whether performed as a solitary test or when paired with imaging 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 intra-rater or inter-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. Discography which does not identify the symptomatic high intensity zone and concordance of symptoms of the disc injected, is of limited diagnostic value and it can produce significant symptoms in controls more than a year later. The guidelines do not support this procedure. Therefore, this request for lumbar discography at the lower three levels of L3-L4 to L5-S1 is not medically necessary.

CT scan of the lumbar spine following the procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Routine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for routine drug screen is not medically necessary. The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction and poor pain control. It was not documented that this injured worker had aberrant drug related behaviors. The request did not specify the medications to be included in the screening. Therefore, this request for routine drug screen is not medically necessary.