

Case Number:	CM14-0212635		
Date Assigned:	04/01/2015	Date of Injury:	10/29/2010
Decision Date:	05/04/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 10/29/12. She reported low back pain, right hip pain, and right leg pain. The injured worker was diagnosed as having lumbar discopathy and rule out internal derangement of the right hip. Treatment to date has included facet joint injections to the lumbar spine and trigger point injections which provided temporary relief. A MRI of the lumbar spine performed on 2/28/14 revealed ventral and paracentral protrusion at L1-2, stable facet arthropathy and degenerative disc bulge with a right paracentral annular tear at L5-S1, L4-5 facet arthropathy and ligamentum flavum, small posterolateral disc osteophyte complexes at L2-3 with mild foraminal stenosis. Currently, the injured worker complains of low back pain. The treating physician noted the injured worker had failed all conservative treatment. The treating physician requested authorization for a discogram L2-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L2-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 304-305.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The claimant sustained a work-related injury in October 2012 and continues to be treated for chronic low back and right lower extremity pain. An MRI of the lumbar spine in February 2014 showed findings of a new L1-2 disc protrusion without neural compromise with otherwise stable finding compared to a prior MRI scan in 2011. Electrodiagnostic testing in February 2013 showed findings of chronic radiculopathy. The requesting provider documents tenderness with decreased range of motion and positive right straight leg raising. Discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. The technique of discography is not standardized and 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. The conclusions of recent, high quality studies on discography have suggested that reproduction of the patient's specific back complaints on injection of one or more discs is of limited diagnostic value and have not been shown to consistently correlate well with MRI findings. Guidelines recommend against performing discography in patients with acute, subacute or chronic low back pain or radicular pain syndromes. This request for Discogram L2-S1 is therefore not medically necessary.