

Case Number:	CM15-0007292		
Date Assigned:	01/26/2015	Date of Injury:	01/08/2009
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 51 year old male with an industrial injury dated 01/08/2009 due to cumulative trauma. Her diagnoses include cervical discopathy, status post bilateral cubital tunnel releases, severe lumbar discopathy/facet arthropathy, and neural compression with lumbar radiculitis. Recent diagnostic testing has included electrodiagnostic studies (04/16/2014) which revealed no abnormalities, and a MRI of the lumbar spine (04/02/2014) which revealed significant multilevel abnormalities. He has been treated with medications and injections. In a progress note dated 11/17/2014, the treating physician reports constant lumbar spine pain that aggravated by movement and activities. The pain was described as sharp and radiating to the lower extremities, and rated as 8/10 in severity. The objective examination of the lumbar spine revealed palpable muscle tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion, and tingling and numbness in the lower extremities. The treating physician is requesting L3-S1 lumbar discogram which was denied by the utilization review. On 12/31/2014, Utilization Review non-certified a request for a L3-S1 lumbar discogram, noting the absence of a psychological assessment, and the absence of documented prior conservative treatments. The ACOEM Guidelines were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of L3 to S1 lumbar discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram at L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

Decision rationale: The MTUS ACOEM Guidelines state that imaging studies of the lower back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated due to the high risk of diagnostic confusion (30% false-positive rate). Studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal annuloplasty or fusion, and does not identify the symptomatic high-intensity zone. Concordance of symptoms with the disk injected is of limited diagnostic value, according to the MTUS, and can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. However, diskography may be used where fusion is a realistic consideration, and may provide supplemental information prior to surgery. Criteria for diskogram should include: 1. Back pain for at least 3 months, 2. Failure of conservative treatment, 3. Satisfactory results from detailed psychosocial assessment, 4. Is a candidate for surgery, 5. Has been briefed on potential risks and benefits from diskography and surgery. In the case of this worker, although there was found in the notes that the worker had been using and failing conservative modalities as well as injections, there was insufficient documentation discussing whether or not the worker would be considering surgery based on the results of the discogram. Also, there was no indication that the worker was to go through a psychosocial assessment before getting the study. Therefore, the discogram will be considered medically unnecessary.