

Case Number:	CM15-0101723		
Date Assigned:	06/04/2015	Date of Injury:	04/29/2011
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California

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 63 year old female, who sustained an industrial injury on 4/29/2011. She reported tripping and falling resulting in injury neck, low back and left knee. The injured worker was diagnosed as having history of cervical spine surgeries, lumbar radiculopathy, lumbar disc extrusion, chronic C5 radiculopathy and cervical disc disease, left knee pain, and low back radiculopathy. Treatment to date has included magnetic resonance imaging of lumbar spine (6/2/2014) that revealed disc bulge, CT scan of lumbar spine (5/7/2015), cervical spine surgery (1/2012), modified duties, electrodiagnostic studies (7/26/2014), functional capacity evaluation (7/26/2014), and physical therapy. The request is for a lumbar discogram. On 2/26/2015, a QME report indicated she complained of constant moderate to severe neck pain, which was increased, with movements of her head and neck. She also complained of moderate to severe low back pain, which was increased with bending, lifting, or stooping, and prolonged positions. In addition, there were complaints of intermittent dull left knee pain with occasional giving way and locking. She denied radiating pain in the upper extremities; however, indicated radiating pain down the legs was present. She denied numbness or tingling in the lower extremities. There is tenderness noted to the neck, thoracic spine, and low back and left knee. A straight leg raise test is positive bilaterally. The patient has had and normal sensory and motor examination and normal gait. Recommendations were made for a lumbar discogram and post discogram CT scan. Patient has received an unspecified number of PT visits for this injury. The medication list includes Soma and Oxycodone. Physical examination of the lumbar spine on 1/20/15 revealed negative SLR, limited range of motion, normal gait, normal motor examination, decreased sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 05/15/15)Discography.

Decision rationale: As per cited guideline "Discography is not recommended for assessing patients with acute low back symptoms. 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. Discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, discography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; Satisfactory results from detailed psychosocial assessment. (Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.); Is a candidate for surgery; Has been briefed on potential risks and benefits from discography and surgery". As per ODG guideline for lumbar discography "Not recommended" the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI". The cited guidelines for criteria for lumbar discography "Discography is not recommended in ODG. Patient selection criteria for Discography if provider & payor agree to perform anyway: Back pain of at least 3 months duration; Failure of recommended conservative treatment including active physical therapy; An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection); Satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided); Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the

surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria.” Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification." Therefore, lumbar discography is not recommended by the cited guidelines. She denied numbness or tingling in the lower extremities. The patient has had and normal sensory and motor examination and normal gait. Physical examination of the lumbar spine on 1/20/15 revealed negative SLR, limited range of motion, normal gait, normal motor examination, decreased sensation. Patient did not have any progressive objective neurological deficits that are specified in the records provided. Findings suggestive of suspicious for tumor, infection, fracture, or other red flags were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Prior PT visits notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The request for Low Back (updated 05/15/15) is not medically necessary or fully established in this patient.