

Case Number:	CM15-0105623		
Date Assigned:	06/10/2015	Date of Injury:	10/30/2013
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 who sustained an industrial injury on 10/30/13. Injury occurred when he lifted a patient who had fallen. Conservative treatment included oral medications including opioids, transforaminal epidural steroid injection, physical therapy, acupuncture, and activity modification. The 2/13/15 lumbar spine MRI impression documented multilevel degenerative disc disease. There was posterior disc bulging at L4/5 touching the right L5 nerve root. There was mild multilevel facet osteoarthritis. At L5/S1, there was a posterior disc bulge with displacement greater in the right posterolateral aspect. There was mild right lateral recess narrowing, without spinal cord stenosis or significant neuroforaminal narrowing. There was mild facet joint osteoarthritis. The 2/26/15 lumbar spine x-rays documented moderate narrowing of the L4/5 and L5/S1 disc spaces. The 3/30/15 electrodiagnostic study documented no evidence of peripheral neuropathy or lumbosacral radiculopathy. The 5/4/15 spine surgeon report cited worsening grade 8/10 right low back pain with a minimal radicular component. Physical exam documented normal lumbar range of motion, right peroneal and extensor hallucis longus 4/5 weakness, symmetrical deep tendon reflexes, and decrease sensation over the right first web space and plantar foot. The diagnosis was right L4/5 disc herniation touching the right L5 nerve. The injured worker had primarily axial back pain with a mild radicular component. It was noted that a request for anterolateral L4/5 discectomy and fusion and posterior instrumented fusion had been denied. The surgeon opined consideration of an L4/5 decompression if the fusion request was denied. Authorization was submitted for discogram of L3/4, L4/5 and L5/S1. The 5/19/15 utilization review non-certified the request for lumbar

discogram at the L3/4, L4/5, and L5/S1 levels as there was no guideline support and no documentation of an extenuating circumstance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram L3-L4, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Discography.

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: The California MTUS guidelines indicate that there is a lack of strong medical evidence supporting discography and should only be considered for patients who meet specific criteria. Indications include back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from discography and surgery. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. This patient is a potential candidate for L4/5 decompression surgery, however there is no evidence of a detailed psychosocial assessment in the submitted records. There is no rationale presented to support the medical necessity of additional diagnostic testing. Discogram outcomes have not been found to be consistently reliable for the low back, based upon recent studies. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this patient's clinical scenario. There is no compelling reason to support the medical necessity of this request in the absence of guideline support. Therefore, this request is not medically necessary.

Lumbar Discogram L4-L5, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Discography.

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: The California MTUS guidelines indicate that there is a lack of strong medical evidence supporting discography and should only be considered for patients who meet specific criteria. Indications include back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from discography and

surgery. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. This patient is a potential candidate for L4/5 decompression surgery, however there is no evidence of a detailed psychosocial assessment in the submitted records. There is no rationale presented to support the medical necessity of additional diagnostic testing. Discogram outcomes have not been found to be consistently reliable for the low back, based upon recent studies. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this patient's clinical scenario. There is no compelling reason to support the medical necessity of this request in the absence of guideline support. Therefore, this request is not medically necessary.

Lumbar Discogram L5-S1 (sacroiliac), Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Discography.

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: The California MTUS guidelines indicate that there is a lack of strong medical evidence supporting discography and should only be considered for patients who meet specific criteria. Indications include back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from discography and surgery. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. This patient is a potential candidate for L4/5 decompression surgery, however there is no evidence of a detailed psychosocial assessment in the submitted records. There is no rationale presented to support the medical necessity of additional diagnostic testing. Discogram outcomes have not been found to be consistently reliable for the low back, based upon recent studies. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this patient's clinical scenario. There is no compelling reason to support the medical necessity of this request in the absence of guideline support. Therefore, this request is not medically necessary.