

Case Number:	CM15-0106223		
Date Assigned:	06/10/2015	Date of Injury:	06/13/2014
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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 65-year-old male who sustained an industrial injury on 6/13/14. Injury occurred when he tripped on uneven ground and a 1200 pound cow fell on top of him. Past medical history was positive for type II diabetes and hypertension. Conservative treatment included diagnostics, chiropractic, physical therapy, bilateral trochanteric bursa injections, trigger point injections, facet joint injections, epidural steroid injection, activity modification, and medications. The 2/21/15 lumbar spine MRI impression documented broad-based posterior central L4/5 disc extrusion resulting in mild thecal sac compression and appeared to affect the origins of the L5 nerve sleeves in the subarticular recesses bilaterally. At L3/4, there were disc bulge spondylosis and facet joint degenerative changes without high grade spinal stenosis. The exiting nerve sleeves were not displaced in the foramina. At L5/S1, there were broad-based disc protrusion and facet joint degenerative changes without high grade spinal stenosis. The exiting nerve sleeves were not displaced in the foramina. The 5/7/15 treating physician report cited constant grade 9/10 low back pain radiating down the right posterolateral thigh and calf, to the dorsum of the right foot and middle toes. Pain was work with weight bearing, bending forwards and backwards, and sitting. Pain was better with rest. Medications included ibuprofen, Fenoprofen, Methoderm, Cyclobenzaprine, and Lyrica. Lumbar spine exam documented lumbar range of motion limited by pain, tenderness and trigger points, spinal process tenderness L4 and L5, and significant facet joint tenderness bilaterally at L4-S1. Facet loading was positive bilaterally. Lower extremity motor strength, sensation, and reflexes were normal. Straight leg raise was positive bilaterally. There was significant tenderness over both greater trochanters,

positive Ober's bilaterally, and multiple trigger point over the iliotibial bands. The diagnosis included lumbosacral radiculitis and lumbosacral facet arthropathy. The injured worker was referred for discography with motivation toward a surgical intervention as it was likely that a significant portion of pain emanates from the disc degeneration evident on MRI. Authorization was requested for lumbar discography L3/4, L4/5, and L5/S1. The 5/15/15 utilization review non-certified the request for lumbar discography L3/4, L4/5, and L5/S1 as there was no indication that a psychosocial screen was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discography at L3-L4, L4, L5 and L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic: Discography and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007), page(s) 138-139.

Decision rationale: The California MTUS ACOEM 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 ACOEM revised low back guidelines state that discography is not recommended for acute, sub-acute, and chronic lower back pain or radicular pain syndromes. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. 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. This injured worker is not currently a candidate for surgery and a psychosocial screen is not evidenced. 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.