

Case Number:	CM15-0134204		
Date Assigned:	07/22/2015	Date of Injury:	09/21/2012
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on September 21, 2012. The injured worker reported pulling a heavy object and injured his back. The injured worker was diagnosed as having lumbosacral sprain. Treatment to date has included physical therapy, epidural steroid injection, acupuncture and medication. A progress note dated June 15, 2015 provides the injured worker complains of back pain at times radiating down the right leg. He reports physical therapy, epidural steroid injection, and acupuncture have provided only short term relief. He feels conservative measures have failed and would like to undergo surgery. Physical exam notes no tenderness on palpation of the back and full range of motion (ROM). He has numbness in the right thigh. Straight leg raise is negative. Review of magnetic resonance imaging (MRI) reveals lumbar degenerative disc disease (DDD) and disc bulge. The plan includes discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Spiro G Pneumaticos, Charles A Reltman and Ronald W Lindsey J Am Acad Orthop Surg January 2006; 14: 46-55.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Low Back-Lumbar & Thoracic (Acute & Chronic)' Chapter under 'Discography'.

Decision rationale: The 58 year old patient complains of low back pain radiating to the right leg, as per progress report dated 06/30/15. The request is for OUTPATIENT LUMBAR DISCOGRAM. There is no RFA for this case, and the patient's date of injury is 09/21/12. Diagnosis, as per progress report dated 06/30/15, included lumbar strain with myofascial pain, lumbar degenerative disc disease, and probable right L4 radiculitis. Medications included Voltaren gel and Flexeril. The patient is status post ankle surgery and knee surgery, as per progress report dated 06/15/15. The patient is working with restrictions, as per progress report dated 03/23/15. ACOEM guidelines p304 does not support discogram as a preoperative indication for fusion as "discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value." ODG guidelines, chapter 'Low Back-Lumbar & Thoracic (Acute & Chronic)' and topic 'Discography' states that "Discography is Not Recommended in ODG. Patient selection criteria for Discography if provider & payor agree to perform anyway: (a) Back pain of at least 3 months duration; (b) Failure of recommended conservative treatment including active physical therapy; (c) 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); (d) 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); (e) 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. (f) Briefed on potential risks and benefits from discography and surgery; (g) Single level testing (with control). (Colorado, 2001); (h) Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification. In this case, the patient suffers from lower back pain. An MRI of the lumbar spine, dated 04/07/15, revealed L4-5 severe degenerative disc disease with disc bulges at L3-4 and L5-S1. The current request for lumbar discogram is first noted in progress report dated 06/15/15. The neurosurgeon states I am suspicious that L4-5 is the source of his pain and he may benefit from surgery at L4-5. In progress report dated 06/30/15, the PTP concurs with the neurosurgeon's recommendation for discogram as this is indicated in determining which disc is really problematic." However, neither ACOEM nor ODG support lumbar fusion surgery for discogenic pain, or degenerated disc. Surgical fusion at any of the discs is an unrealistic consideration and discograms are not recommended as a pre-operative evaluation. The request is not medically necessary.