MAXIMUS Federal Services

Case Number:	CM15-0137944		
Date Assigned:	07/27/2015	Date of Injury:	01/20/2015
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/16/2015

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:

This injured worker is a 40-year-old female who sustained an industrial injury on 1/20/15. Injury occurred when she was pulling a box of avocados from a stack about shoulder height and setting it down, with onset of back pain. Conservative treatment included medications, epidural steroid injection and physical therapy. The 4/4/15 lumbar spine MRI impression documented a right-sided disc extrusion/fragment at L5/S1 compromising the right S1 root. Findings documented normal disc height, signal intensity, neural foramina, facet joints, and no focal disc abnormalities at any other lumbar spine level. The 6/4/15 initial orthopedic consult report cited constant low back pain radiating into the right lower extremity to the toes. Difficulty was reported in all activities of daily living. She reported anxiety, depression and insomnia due to pain. Physical exam documented abnormal gait, moderate loss of lumbar flexion/extension, and lumbar paraspinal tenderness and spasms. Nerve tension signs were positive bilaterally. Neurologic exam documented absent right Achilles reflex, diminished right L5 and S1 dermatomal sensation, and weakness in right big toe dorsiflexion and plantar flexion. X-rays were obtained and showed loss of lordosis, narrowing at L5/S1, and no fracture. The impression was lumbar sprain/strain with 10 mm herniated nucleus pulposus with radiculopathy, status post epidural steroid injection in May 2015 without relief. The treatment plan recommended a discogram at L4/5 and L5/S1 to confirm the source of pain as she was interested in a surgical invention. The treatment plan also requested referral for psychiatric clearance for discogram. Authorization was requested for lumbar discogram L4-L5, L5-S1. The 7/1/15 utilization review non-certified the request for lumbar discogram as the records did not clearly outline exactly

how a lumbar discogram would influence specific decision making in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 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 138-139.

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 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. This injured worker presents with persistent function-limiting low back pain radiating to the right lower extremity. Signs/symptoms and clinical exam findings are consistent with imaging evidence of L5/S1 disc extrusion compromising the right S1 nerve root. There is no other lumbar pathology documented on imaging. 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 and in the presence of single level disc pathology. Therefore, this request for is not medically necessary.