

Case Number:	CM15-0141737		
Date Assigned:	07/31/2015	Date of Injury:	11/30/2009
Decision Date:	08/28/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/21/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39 year old male, who sustained an industrial injury on November 30, 2009. The injured worker was diagnosed as having lumbosacral strain-sprain, lumbosacral annular tear with disc desiccation and lumbar spinal stenosis. Treatment to date has included magnetic resonance imaging (MRI), surgery and medication. A progress note dated May 18, 2015 provides the injured worker complains of low back pain. Physical exam notes surgical scars of the spine, tenderness to palpation of the lumbar area and an antalgic gait. The plan includes discogram and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS addresses the value of diskography in cases of low back pain, stating that diskography is not recommended for assessing patients with acute low back symptoms. In this case, the chronicity of pain warrants further consideration, however, the guidelines also state that recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography 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. Diskography 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. Among critical criteria for consideration, psychosocial assessment is a key component, as 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. In this case, given the lack of psychosocial assessment and clear indications for consideration of diskography, the request is not considered medically necessary at this time based on the provided records.