

Case Number:	CM15-0149739		
Date Assigned:	08/12/2015	Date of Injury:	12/01/2009
Decision Date:	09/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/03/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 12-01-2009. Mechanism of injury was repetitive trauma. Diagnoses include chronic pain, cervical radiculitis, status post cervical spinal fusion, lumbar degenerative disc disease, lumbar spinal stenosis, and lumbar radiculitis, lumbar spinal stenosis, gastroesophageal reflux disease, hypertension and obesity. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture and lumbar epidural steroid injections. Current medications include Metoprolol Tartrate, Valsartan-hydrochlorothiazide, Gabapentin, Zocor, and Tramadol. On 01-24-2014 a Magnetic Resonance Imaging of the lumbar spine revealed congenital diffuse narrowing in the spinal canal, multilevel disc protrusions with compromise on exiting nerve roots. A physician progress note dated 06-22-2015 documents the injured worker complains of low back pain that is constant and it radiates down the left lower extremity which was associated with numbness. He has occasional muscle spasms. He rates his pain as 2 out of 10 with medications, and 6 out of 10 without medications. On examination there is tenderness to palpation to the lumbar spine. Sensation is decreased and straight leg raise was positive. Treatment requested is for L3-4, L4-5, and L5-S1 discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4, L4-5, L5-S1 discogram: 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, Discography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 25.

Decision rationale: According to the guidelines, discography is not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. In this case, the claimant does have chronic disc bulging on MRI along with pain and radicular symptoms. There was plan for surgery. However, based on the guidelines and lack of quality evidence to support its current use, the discography is not medically necessary.