

Case Number:	CM15-0163186		
Date Assigned:	08/31/2015	Date of Injury:	03/21/2013
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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 44-year-old male, who sustained an industrial injury on March 21, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having degenerative disc disease L2-L5, mild to moderate lateral recess stenosis right L4-L5 and L5-S1, right leg radiculopathy with mild weakness and sensory changes, facet arthropathy L4-S1, lumbarized first sacral segment, chronic intractable pain and stenosis L3-L5. Treatment to date has included diagnostic studies, physical therapy, medications, injections, acupuncture and physiotherapy. Notes stated that none of the conservative measures provided extended relief. On July 14, 2015, the injured worker complained of mid to lower back pain rated as a 6-9 on a 1-10 pain scale without medications and a 4-7 on the pain scale with medications. He also complained of radiation down the lower extremities rated as a 7-9 on the pain scale without medications and a 2-4 on the pain scale with medications. The treatment plan included a lumbar discogram from L4-L5 and L5-S1 with negative control, medications, random urine toxicology screening and a follow-up visit. A request was made for a lumbar discogram at L4-L5 and L5-S1 with negative control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram at L4-5 and L5-S1 with negative control: Upheld

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

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 Chapter under Discography.

Decision rationale: The patient presents on 07/14/15 with mid to lower back pain rated 6-9/10, which radiates into the bilateral lower extremities (right greater than left). The patient's date of injury is 03/21/13. Patient has no documented surgical history directed at this complaint. The request is for LUMBAR DISCOGRAM AT L4-5 AND L5-S1 WITH NEGATIVE CONTROL. The RFA 07/14/15. Physical examination dated 07/14/15 reveals tenderness to palpation of the mid-line and paravertebral lumbar/thoracic spine. Neurological examination reveals decreased sensation in the right L4, L5, and S1 dermatomal distributions. The patient is currently prescribed Norco, Ibuprofen, and Robaxin. Patient is currently classified as temporarily totally disabled through 08/25/15. ACOEM guidelines, chapter 12, page 304 do 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..." ACOEM page 310, table 12-8 (cotd) has the following regarding surgical considerations for lower back complaints: "Not Recommended: Spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection." ODG guidelines, Low Back Chapter under Discography states: Not Recommended. 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) 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). (h) Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification. Progress note dated 07/14/15, which is an orthopedic surgical consult, indicates that the reason for the requested discogram is a pre-operative surgical planning measure - as the provider signals the intent to perform lumbar fusion surgery noting that the patient meets surgical criteria. Addressing ODG criteria for discograms (should the provider and payor agree to perform anyway): this patient presents with increasing spine pain lasting greater than six months, conservative treatments to date have failed, and several MRI imaging reports (most recent 06/17/15) note degenerated discs at L4-5 and L5-S1 levels (with no significant findings at higher levels for control purposes). It is indicated that this patient has undergone psychological screening and clearance and that the provider intends on performing the discogram solely as a pre-operative confirmatory study. 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. In addition, there is no indication that surgery has been authorized. Therefore, the request IS NOT medically necessary.