

Case Number:	CM15-0166748		
Date Assigned:	09/04/2015	Date of Injury:	11/10/2010
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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 54 year old male, who sustained an industrial injury on 11-10-2010. Diagnoses include left proximal tibia fracture status post open reduction internal fixation (ORIF) (2010) and hardware removal (2012), status post left knee manipulation under anesthesia (MUA) (2012), herniated lumbar disc, left shoulder sprain, strain, tendinitis, impingement and rule out internal derangement, sprain and strain left ankle rule out internal derangement, left hand sprain and strain, degenerative joint disease of the left knee with clinical instability and internal derangement, insomnia, elevated blood pressure, left carpal tunnel syndrome, and left ankle tendinitis. Treatment to date has included multiple surgical interventions as well as conservative treatment including functional capacity evaluation, medications, injections and physical therapy. Electrodiagnostic testing of the lower extremities dated 6-03-2015 was read as normal. Per the Primary Treating Physician's Progress Report dated 7-07-2015, the injured worker reported constant and severe low back pain radiating into the left leg with numbness, weakness and tingling which is getting progressively worse. He reported constant and moderate left knee pain and left foot pain. He also reported relief of left shoulder pain from a cortisone injection. Physical examination of the left shoulder revealed tenderness over the greater tuberosity of the left humerus and a positive impingement test. Lumbar spine examination revealed tightness and spasm in the paraspinal musculature bilaterally with hypoesthesia and weakness of the lower extremities. Left knee examination revealed medial joint line tenderness and a positive McMurray's. The plan of care included hyalgan injections for the left knee, lumbar spine discogram and medication management. Authorization was requested, for Norco 10-325mg #60, Lorazepam 1mg #60, urinalysis, follow-up visit, and a lumbar spine discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine Discogram: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under Discography.

Decision rationale: The current request is for a lumbar spine discogram. The RFA is dated 07/07/15. Treatment to date has included multiple surgical interventions as well as conservative treatment including functional capacity evaluation, medications, injections and physical therapy. MTUS/ACOEM guidelines, chapter 12, page 304 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..." ACOEM page 310, table 12-8 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. Per report 7-07-2015, the patient presents with constant severe low back pain radiating into the left leg with numbness, weakness and tingling, which is getting progressively worse. Lumbar spine examination revealed tightness and spasm in the paraspinal musculature bilaterally with hypoesthesia and weakness of the lower extremities. The treater is requesting a lumbar spine discogram to help diagnose and exclude source of pain. This patient presents with chronic low back. However, the guidelines do not support discograms to identify pain generator unless lumbar surgery is a realistic possibility. This patient does not present with indications for lumbar fusion surgery as there is lack of instability, dislocation, fractures, etc. The request is not medically necessary.