

Case Number:	CM15-0190821		
Date Assigned:	10/05/2015	Date of Injury:	09/05/2013
Decision Date:	11/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 44 year old male who sustained an industrial injury on 9-5-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc degeneration. Medical records (4-14-2015 to 9-4-2015) indicate ongoing low back pain. The back pain radiated to the lower extremities. The pain was worse with standing and walking and was improved with rest and taking Naprosyn. He also reported some associated numbness and tingling into the legs. The injured worker had been advised to undergo lumbar spine surgery and was seeking a second opinion. The injured worker reported being afraid to have surgery, but stated he could not live with the pain as it was. Per the treating physician (9-4-2015), the injured worker was not currently working. The physical exam (9-4-2015) revealed 5 of 5 strength bilateral lower extremities L2-S1, 2+ patellar tendon reflex and no ankle clonus. Treatment has included physical therapy, chiropractic treatment, epidural injection and medications. The physician noted (9-4-2015) that magnetic resonance imaging (MRI) showed a loss of disc height at L4-5 and L5-S1. There was significant collapse at L5-S1 with bilateral foraminal stenosis of the L5 nerve root. The request for authorization dated 9-9-2015 was for a discogram. The original Utilization Review (UR) (9-23-2015) denied a request for a discogram at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at L4-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, Special Studies.

Decision rationale: Discography may be used prior to spinal fusions and certain disk related procedures. There is significant scientific evidence that questions the usefulness of discography in those settings. While recent studies indicate discography to be relatively safe and have a low complication rate, some studies suggest the opposite to be true, with significant symptoms exhibited for years post-procedure. In any case, clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of symptoms, and, therefore, directing intervention appropriately. Per Guidelines for Lumbar Discogram, recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion as it 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. However, Discography may be used where fusion is a realistic consideration, and despite the lack of strong medical evidence supporting it, discography should be reserved only for patients who meet the criteria to include failure of conservative treatment, candidacy for lumbar fusion from instability, and cleared detailed psychosocial assessment, of which has not been demonstrated from the submitted reports. Submitted reports have not adequately demonstrated support for the discogram outside the recommendations of the guidelines. The Discogram at L4-S1 is not medically necessary or appropriate.