

Case Number:	CM15-0192579		
Date Assigned:	10/06/2015	Date of Injury:	09/21/2007
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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, Hawaii
 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 43 year old male who sustained a work-related injury on 9-21-07. Medical record documentation on 9-3-15 revealed the injured worker was being treated for multi-level lumbar degenerative disc disease of T12-11, L1-L2 and L3-L5 with disc bulge at L3-L4 and L4-L5 as well as broad based disc protrusion at L5-S1. He reported persistent pain in the low back with radiating pain into the left leg, posterior thigh and calf. His medications included Norco, Vicodin, Soma and Xanax with Percocet for breakthrough pain. Objective findings included focal tenderness over the L3-L4, L4-L5 and L5-S1 posterior spinous processes and paravertebral muscles. He had lumbar forward flexion to 25 degrees, extension to 5 degrees with marked pain in the left gluteal region. Right and left lateral bending was equal and symmetric to about 10 degrees. He had positive straight leg raise on the left for calf and foot pain at 85 degrees. An MRI of the lumbar spine on 8-25-15 revealed mild degenerative disc changes of the lumbar spine with L1-2, L3-4, L4-5, and L5-S1 mild disc desiccation; and disc bulging at L3-4, L4-5 and L5-S1. Previous treatment included thoracic epidural steroid injection on 6-23-15. A request for discogram of L2-L3, L3-L4, L4-L5 and L5-S1 was received on 9-8-15. On 9-15-15 the Utilization Review physician determined discogram of L2-L3, L3-L4, L4-L5 and L5-S1 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram of L2-L3, L3-L4, L4-L5 and L5-S1 level: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back chapter, Discography.

Decision rationale: The patient presents with multi-level lumbar degenerative disc disease of T12-L1, L1-L2, and L3-L5 with disc bulge at L3-L4 and L4-L5 as well as broad based disc protrusion at L5-S1. The patient currently complains of persistent pain in the low back with radiating pain into the left leg, posterior thigh and calf. The patient had an ESI on 6/23/15. The current request is for Discogram of L2-L3, L3-L4, L4-L5 and L5-S1 level. The treating physician states in the treating report dated 9/3/15 (17A), "We discussed non-surgical options versus surgical options: I told him by my evaluation today, I would recommend conservative management. One piece of information, which may sway me in regard to possible interventional treatment would be to have a discogram, which I am requesting authorization to perform at the L2-L3, L3-L4, L4-L5 and L5-S1 level of his low back to see if he has a focal single disc causing his mechanical back pain." ACOEM Guidelines state that discography for assessing acute, subacute, or chronic low back pain or radicular pain syndromes is not recommended. The ODG Guidelines also state that discography is not recommended, but that discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not allow fusion). In this case, there is no decision for spinal fusion; the treating physician has stated he has recommended conservative management. The current request is not medically necessary.