

Case Number:	CM15-0197427		
Date Assigned:	10/12/2015	Date of Injury:	01/01/2006
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/08/2015

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 46 year old man sustained an industrial injury on 1-1-2006. Diagnoses include pelvic joint pain and thigh pain, thoracic or lumbosacral neuritis or radiculitis, and other pain disorders related to psychological factors. Treatment has included oral and topical medications. Physician notes dated 9-9-2015 show complaints of unchanged lumbar spine pain rated 8 out of 10 as the average for the past week and poor sleep quality. The physical examination shows a slow gait assisted by a brace and a cane. Straight leg raise is positive on the left side. Recommendations include provocative lumbar discogram, Fentanyl patches, Dilaudid, Neurontin, Skelaxin, and follow up in four weeks. Utilization Review denied a request for a lumbar provocative discogram on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents on 09/09/15 with lower back and left hip pain rated 8/10 on average and associated weakness and numbness in the left lower extremity. The patient's date of injury is 01/01/06. The request is for LUMBAR DISCOGRAM. The RFA was not provided. Physical examination dated 09/09/15 reveals a "slowed" gait, and positive straight leg raise test on the left side. No other remarkable physical examination findings are included. The patient is currently prescribed Fentanyl, Dilaudid, Neurontin, Skelaxin, Depakote, Chantix, Vitamin D, Viibryd, and Simvastatin. Patient is currently classified as disabled. MTUS/ACOEM guidelines, Low Back Complaints, 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 (contd) 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. In regard to the lumbar discogram, which is apparently being requested to assess this patient's potential for lumbar fusion, such diagnostics are not supported by guidelines as a pre-operative measure. Progress note dated 09/09/15, has the following regarding this request: "The surgeon has requested provocative discogram, in preparation for surgery in efforts to further isolate the specific symptomatic levels." 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 MRI imaging reveals degenerated discs at the L4-5 and L5-S1 levels. However, this patient presents with degenerative disc disease, with no evidence of fracture, dislocation, tumor or infection in the lumbar spine, for which lumbar discograms are considered appropriate. Additionally, there is no indication that surgery has been authorized or that a detailed pre-operative psychosocial assessment/clearance has been obtained. Therefore, the request IS NOT medically necessary.

