

Case Number:	CM15-0027440		
Date Assigned:	02/19/2015	Date of Injury:	07/31/2014
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 37 year old male with an industrial injury dated July 31, 2014. The injured worker diagnoses include low back pain and degenerative disc disease at L5-S1. He has been treated with diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/21/2015, the injured worker reported low back pain rated a 10/10. Lumbar spine exam revealed tenderness to palpitation midline L4-S1 and positive straight leg raising bilaterally. Documentation noted that the MRI of lumbar spine on 7/31/2014 revealed mild degenerative disc disease with small annular tear along the L5-S1 disc. The treating physician prescribed services for a lumbar spine Diskogram: L3-4, Diskogram: L5-S1, and specialty referral: consult. Utilization Review determination on February 3, 2015 denied the request for Diskogram: L3-4, Diskogram: L5-S1, and specialty referral: consult, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diskogram: L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304-305.

Decision rationale: The MTUS ACOEM Guidelines state that imaging studies of the lower back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated due to the high risk of diagnostic confusion (30% false-positive rate). Studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal annuloplasty or fusion, and does not identify the symptomatic high-intensity zone. Concordance of symptoms with the disk injected is of limited diagnostic value, according to the MTUS, and can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. However, diskography may be used where fusion is a realistic consideration, and may provide supplemental information prior to surgery. Criteria for diskogram should include: 1. Back pain for at least 3 months, 2. Failure of conservative treatment, 3. Satisfactory results from detailed psychosocial assessment, 4. Is a candidate for surgery, 5. Has been briefed on potential risks and benefits from diskography and surgery. In the case of this worker, the reason for requesting discogram of the L3-4 was not documented in the notes provided, and no evidence from the documents showed plans for surgery, significant abnormal MRI findings to indicate surgery, or signs or symptoms of a red flag diagnosis which might have warranted consideration for discogram of the L3-4 level. Also, there was insufficient evidence to suggest this worker had fully exhausted conservative treatments. Therefore, the discogram of L3-4 will be considered medically unnecessary.

Diskogram: L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304-305.

Decision rationale: The MTUS ACOEM Guidelines state that imaging studies of the lower back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated due to the high risk of diagnostic confusion (30% false-positive rate). Studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal annuloplasty or fusion, and does not identify the symptomatic high-intensity zone. Concordance of symptoms with the disk injected is of limited diagnostic value, according to the MTUS, and can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. However, diskography may be used where fusion is a realistic consideration, and may provide supplemental information prior to surgery. Criteria for diskogram should include: 1. Back pain for at least 3 months, 2. Failure of conservative treatment, 3. Satisfactory results from detailed psychosocial assessment, 4. Is a candidate for surgery, 5. Has been briefed on potential risks and benefits from diskography and surgery. In the case of this worker, the reason for requesting discogram of the L5-S1 was not documented in the notes provided, and no evidence from the documents showed plans for surgery, significant abnormal MRI findings to indicate surgery, or signs or symptoms of a red

flag diagnosis which might have warranted consideration for discogram of the L5-S1 level. Also, there was insufficient evidence to suggest this worker had fully exhausted conservative treatments. Therefore, the discogram of L5-S1 will be considered medically unnecessary.

Specialty referral: consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, there was insufficient information provided for review as to which type of specialist the referral was and the intention. Without this information and reasoning provided in the documentation, the request for "specialty referral: consult" will be considered medically unnecessary.