

Case Number:	CM15-0029050		
Date Assigned:	02/23/2015	Date of Injury:	07/23/2014
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/17/2015

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 36-year-old male, who sustained an industrial injury on 7/23/2014. The current diagnoses are lumbar sprain, disc degeneration, facet hypertrophy of the lumbar spine, and disc protrusion of the lumbar spine. Currently, the injured worker complains of constant, moderate to severe pain across his low back radiating down his legs to his feet. He also notes cramping of his legs. Current medications are Nalfon, Ultram, and Flexeril. The physical examination of the lumbar spine reveals limited range of motion. Straight leg raise test is positive on the right. Treatment to date has included medications, modified activities, lumbar support, physical therapy, and epidural steroid injection (12/9/2014). The treating physician is requesting lumbar discogram at L4-L5 up to the first negative level and psych clearance for lumbar discogram, which is now under review. On 2/5/2015, Utilization Review had non-certified a request for lumbar discogram at L4-L5 up to the first negative level and psych clearance for lumbar discogram. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram at L4-L5 up to the first negative level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 electro-thermal 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 provider requested a lumbar discogram of multiple levels. There was insufficient evidence to suggest the worker warranted this test, as there was unconvincing evidence to support performing the test, contrary to the Guidelines suggestion that it is generally not useful. There was no discussion of preparing for a fusion surgery. Therefore, the discogram study will be considered medically unnecessary.

Psych clearance for lumbar discogram: Upheld

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

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 would be no need for a psychological assessment since the reviewer did not feel the discogram was justified. Therefore, the "psych clearance for lumbar discogram" will be considered medically unnecessary at this time.