MAXIMUS Federal Services

Case Number:	CM15-0218530		
Date Assigned:	11/10/2015	Date of Injury:	07/19/2013
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/06/2015

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: Emergency Medicine

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 49 year old male, who sustained an industrial injury on 07-19-2013. He has reported injury to the low back. The diagnoses have included low back pain; lumbosacral radiculopathy; and facet arthropathy. Treatment to date has included medications, diagnostics, activity modification, lumbar facet injections, physical therapy, and home exercise program. Medications have included Relafen, Tylenol #3, and Robaxin. A progress report from the treating physician, dated 10-10-2015, documented an evaluation with the injured worker. The injured worker reported ongoing low back pain; he continues to rate his pain to be anywhere from 7-8 out of 10 in intensity; any kind of prolonged repetitive activities make the pain worse; he is currently taking Tylenol #3, Relafen, and Robaxin; he reports that the combination of medications does help in reducing the intensity of the pain by 50%; and it helps to keep him functional. Objective findings included he is alert and oriented; gait was antalgic; strength in lower extremities was 5 - out of 5 because of the ongoing pain; there was some give-way weakness; on straight leg raising test in sitting position, he complains of tightness in the back; and exam of the back reveals lumbosacral paraspinal muscle spasm with tender areas over the lower lumbosacral facet joints. The treatment plan has included the request for discogram under fluoroscopy. The original utilization review, dated 10-29-2015, non-certified the request for discogram under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter, discography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Discography.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, discography is not recommended. "In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value." "Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI." Note from neurosurgeon was for provocative discography which is specifically invalidated by evidence as per ODG. The lack of any actual evidence based benefit from discography does not support request. Not medically necessary.