MAXIMUS Federal Services

Case Number:	CM15-0037122		
Date Assigned:	03/05/2015	Date of Injury:	08/02/2013
Decision Date:	04/16/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 34 year old male, who sustained an industrial injury on 08/02/2013. He has reported subsequent back pain and was diagnosed with low back pain, lumbar facet arthropathy and lumbar disc displacement rupture. Treatment to date has included oral pain medication, medial branch blocks, physical therapy and a selective nerve root block. In a progress note dated 01/05/2015, the injured worker complained of continued back pain despite lumbar facet blocks that were performed on 12/08/2014. Objective findings were notable for an antalgic gait, restricted range of motion of the lumbosacral spine, with muscle spasm and tenderness and diminished reflexes. The physician noted that a lumbar discography was being requested to assess main pain generator L3 through the sacrum as well as CT of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Discogram at L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back ? Lumbar & Thoracic (Acute & Chronic)' and topic 'Discography.

Decision rationale: The 34 year old patient presents with lumbar sprain and lumbago, as per progress report dated 01/14/15. The request is for 1 DISCOGRAM AT L3-S1. The RFA for the case is dated 01/24/15, and the patient's date of injury is 08/02/13. The patient is suffering from mechanical axial back pain, as per progress report dated 01/05/15. Medications, as per progress report dated 12/23/14, included Cyclobenzaprine, Norco, Naprosyn, Ultram and Levsin. The pain is rated at 8/10 without medications and 3/10 with medications. The progress reports do not the document the patient's work status. ACOEM guidelines p304 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." ODG guidelines, chapter 'Low Back' Lumbar & Thoracic (Acute & Chronic)' and topic 'Discography' states "Discography is Not Recommended in ODG. 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) (Carragee, 2006). 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) (Colorado, 2001). (h) Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification. In this case, the patient has undergone an MRI of the lumbar spine on 03/04/14 which revealed disc disorders at L2-3, L3-4 and L4-5, right paracentral disc protrusion at L4-5 with narrowing of the right lateral access, and annular tears at L2-3 and L3-4. The treater is now requesting discography "to assess his main pain generator L3 through the sacrum." However, there is no discussion in relation to a possible surgical intervention. Discography is not supported for identification of pain. Hence, the request IS NOT medically necessary.

CT Scan of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter under CT scans.

Decision rationale: The 34 year old patient presents with lumbar sprain and lumbago, as per progress report dated 01/14/15. The request is for CT SCAN OF LUMBAR SPINE. The RFA for the case is dated 01/24/15, and the patient's date of injury is 08/02/13. The patient is suffering from mechanical axial back pain, as per progress report dated 01/05/15. Medications, as per progress report dated 12/23/14, included Cyclobenzaprine, Norco, Naprosyn, Ultram and Levsin. The pain is rated at 8/10 without medications and 3/10 with medications. The progress reports do not the document the patient's work status.ODG guidelines, Low back Chapter under CT scans of the lumbar spine states: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt -chance- fracture- Myelopathy -neurological deficit related to the spinal cord-, traumatic- Myelopathy, infectious disease patient; Evaluate pars defect not identified on plain x-rays; Evaluate successful fusion if plain x-rays do not confirm fusion."In this case, the patient has undergone an MRI of the lumbar spine on 03/04/14 which revealed disc disorders at L2-3, L3-4 and L4-5, right paracentral disc protrusion at L4-5 with narrowing of the right lateral access, and annular tears at L2-3 and L3-4. None of the progress reports discuss the current request of a CT scan. ODG does not recommend CT scan of the lumbar spine unless there is lumbar spine trauma with neurologic deficit, or seat belt trauma with chance of fracture. There is no documentation that patient presents with aforementioned indications. Therefore, the request IS NOT medically necessary.