MAXIMUS Federal Services

Case Number:	CM15-0044745		
Date Assigned:	03/17/2015	Date of Injury:	10/25/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: Oregon, California
Certification(s)/Specialty: Neurological Surgery

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 47-year-old male who reported an injury on 10/25/2013. The mechanism of injury was not included. His diagnoses included moderate to severe axial low back pain, discogenic in nature, with L5-S1 desiccation and severe axial low back pain worse than prior to surgery. His past treatments have included epidural steroid injections, physical therapy, home exercise program, work modifications, and activity modifications. His diagnostic studies have included a chest x-ray performed on 06/26/2014 that indicated no acute pulmonary process. An epidural steroid injection performed on 04/10/2014. An EMG/NCS performed on 02/20/2014 that indicated chronic neuropathic changes in the L4-5 myotome bilaterally consistent with a chronic bilateral L4-5 radiculopathy or a spinal stenosis affecting the same level. His surgical history included an L5-S1 discectomy. On 08/01/2014, he had L5-S1 decompressive laminectomy, medial facetectomy, L4-5 decompressive laminectomy, and excision of synovial facet cyst at L5-S1 on the right side. The injured worker was seen on 02/05/2015 and was 6 months status post L5-S1 discectomy for herniation and foraminotomy of L4-5 with foraminal stenosis. The injured worker stated his back pain was twice as intense as prior to the laminectomy. The pain is 95% in the back and 5% in the legs. The right leg was measured at 60% to 70% of the pain and left leg at 30% to 40%. His pain at rest was rated at 5/10 to 6/10; with activity was 9/10 to 10/10. He has finished 12 physical therapy visits, which have not been helpful. On physical exam, the patient was measured at standing range of motion as 60 degrees to 70 degrees. Straight leg raise, right is 80 degrees; left is 90 degrees with mild tension sign. There is diminished right heel walking, toe walking, and heel to toe raising. Tandem is off. Knee reflexes are 1 to 2. Ankle, right is trace and left is 1. His medications included Norco

10/325 mg, tramadol 50 mg, gabapentin 300 mg, Prilosec, and Dulcolax. The treatment plan included continuation of home exercise program, 2 to 3 times a week for 120 to 30 minutes. A discussion of risks, benefits, and informed consent regarding L5-S1 arthrodesis or arthroplasty for axial back pain. Requesting CT discogram to determine axial low back pain etiology at L5-S1. Subsequent to CT discography, the patient wishes to pursue L5-S1 arthroplasty for relief of axial low back pain, iatrogenic in nature. The rationale for the request is pain control. The Request for Authorization form was not included in the medical record.

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: Decision based on MTUS ACOEM Page(s): 304 and 306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Discography; Disc prothesis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The request for lumbar discogram is not medically necessary. The ACOEM Guidelines state that despite the lack of strong medical evidence supporting discography, it is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: (1) back pain of at least 3 months duration; (2) failure of conservative treatment; (3) satisfactory results from detailed psychosocial assessment; (4) is a candidate for surgery; (5) has been briefed on potential side effects, risks, and benefits from discography and surgery. 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. There is a lack of documentation regarding a detailed psychosocial assessment. Therefore, the request for lumbar discogram is not medically necessary.

CT scan of the Lumbar Spine Post-Discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303 and 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As the primary service is not supported, this associated service is also not supported.