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| Case Number: | CM15-0059363 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 08/29/2011 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 sustained an industrial injury on 8/29/2011, while working as a merchandise unloader/stocker. The injured worker was diagnosed as having post traumatic lumbar sprain/strain, facet hypertrophy and malrotation L4-5 and L5-S1, and decreased disc height. Treatment to date has included diagnostics, physical therapy, lumbar epidural steroid injections, and medications. Currently, the injured worker complains of constant moderate to severe low back pain, with radiation down his legs to his feet, with numbness and tingling, left greater than right. Magnetic resonance imaging of the lumbar spine (2/06/2015) was noted. Physical exam noted decreased range of motion and gross motor strength of extensor hallucis longus was 5/5 bilaterally. Current medication regime was not noted. He was currently not working. The treatment plan included a lumbar spine discography from the L2 level to the sacrum. Psychiatric clearance was also requested prior to discography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram L2 to Sacrum: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Discography.

Decision rationale: Per ODG TWC with regard to discography: "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." The documentation submitted for review indicates that the injured worker has failed 3 epidural injections and continues with radiculopathy. MRI of the lumbar spine dated 11/2013 revealed bilateral lateral recess stenosis, moderate to severe L5-S1, mild to moderate L3-L4. As the guidelines do not support discogram, the request is not medically necessary.

Psych clearance prior to lumbar spine discogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Discography.

Decision rationale: Per ODG TWC with regard to discography: "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." The documentation submitted for review indicates that the injured worker has failed 3 epidural injections and continues with radiculopathy. MRI of the lumbar spine dated 11/2013 revealed bilateral lateral recess stenosis, moderate to severe L5-S1, mild to moderate L3-L4. As discogram was not medically necessary, psych clearance is also not medically necessary.