

Case Number:	CM15-0086640		
Date Assigned:	05/08/2015	Date of Injury:	09/11/2013
Decision Date:	06/12/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, California
 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 (IW) is a 38-year-old male who sustained an industrial injury on 09/11/2013. Diagnoses include herniated disc, radiculopathy at L4-5 and L5-S1. Treatments to date include medications, which he stated were beneficial in reducing pain and improving function and epidural steroid injections at L4-5 and L5-S1 which completely resolved right lower extremity radicular symptoms for two weeks and by 50% for nearly two and a half months; chiropractic treatment and physical therapy did not offer much benefit. An MRI of the lumbar spine on 1/8/14 showed herniated discs at L4-5 and L5-S1. Electrodiagnostic testing was negative. According to the progress notes dated 4/2/15, the IW reported severe low back pain that radiated to the tailbone region and pelvic floor with a burning /electrical pain radiating into the right lower extremity; the pain may radiate down to the left thigh. He also reported numbness in both feet. He rated pain at 4/10 at rest, without medications and 9-10/10 with activity. Objective findings included bilateral lumbar paraspinal tenderness and spasms. A request was made for discogram CT scan at L3-4, L4-5, and L5-S1 to decide if the IW is a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram CT scan at L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 309. Decision based on Non-MTUS Citation Official Disabilities Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 261.

Decision rationale: According to the guidelines, Diskography is frequently used prior to cervical fusions and certain disk related procedures. There is significant scientific evidence that questions the usefulness of diskography in those settings. While recent studies indicate diskography to be relatively safe and have a low complication rate, some studies suggest the opposite to be true. In any case, clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of cervical symptoms. In this case, the claimant had a normal EMG. There was no mention of prior MRI results. There was a positive straight leg raise but a neurological assessment was not provided. The Diskpography was not justified prior to RF ablation and is not medically necessary.