

Case Number:	CM15-0240006		
Date Assigned:	12/17/2015	Date of Injury:	06/13/2014
Decision Date:	01/22/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/08/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic 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 33 year old male who sustained an industrial work injury on 6-13-14. The injured worker was diagnosed as having lumbar spondylosis, lumbar stenosis, lumbar radiculopathy, and lumbar disc disease without myelopathy. Treatment to date has included medication: Ibuprofen, Flexeril, Norco. Surgery: microdiscectomy on 9-19-09 and revision of the right L5-S1 on 1-7-15, diagnostic right L3-5 facet nerve block on 10-29-15, and diagnostics. MRI results were reported on 7-15-15 of the lumbar spine revealed DDD (degenerative disc disease) at L5-S1 and evidence of decompression on the right L5-S1 with a questionable re-herniation to the right at L5-S1, mild foraminal narrowing on the right at L5-S1. Currently, the injured worker complains of chronic low back pain with radiation to the right buttocks, lateral right hip to the posterior knee with numbness localized to the plantar aspect of the right foot. Pain blocks increased pain in the past. Per the primary physician's progress report (PR-2) on 9-24-15, exam notes ambulation with a slight limp on the right, able to heel-toe walk, decreased lumbar lordosis, tenderness with palpation at the right S1 joint, decreased range of motion, positive straight leg raise on the right, positive sciatic stretch test, decreased sensation over the dorsal right first web space and lateral right heel, motor function is intact, 3+ DTR (deep tendon reflexes) except right ankle reflex. The Request for Authorization requested service to include Anesthetic discograms at L5-S1 to further define the source of the patient's symptoms. The Utilization Review on 11-18-15 denied the request for anesthetic discograms at L5-S1 to further define the source of the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthetic discograms at L5-S1 to further define the source of the patient's symptoms:
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), Lumbar Chapter - Discography.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, discography.

Decision rationale: Per the CA MTUS/ACOEM Low Back complaints, special studies regarding discography, recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. ODG, Low back, discography states that discography is indicated if there are satisfactory results from a detailed psychosocial assessment. There is no evidence in the exam note from 9/24/15 that a detailed psychosocial assessment has been performed. Therefore proposed discography is not medically necessary.