

Case Number:	CM14-0129075		
Date Assigned:	08/18/2014	Date of Injury:	11/11/2011
Decision Date:	10/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 26-year-old female, who reported an injury on 11/11/2011. She is diagnosed with lumbar radiculopathy. Her past treatments were noted to have included epidural steroid injection and medications. On 07/17/2014, the injured worker presented for re-evaluation of her low back pain with radiation to the bilateral lower extremities. Her physical examination revealed positive bilateral straight leg raises, trace symmetrical deep tendon reflexes at the ankles and the knees, and normal motor strength at 5/5 throughout bilateral lower extremities. The documentation indicated that the injured worker was ready to consider surgical options for her discogenic disease, and the recommendation was made for a lumbar discogram to assist in surgical decisions. Her medications were noted to include Norco, Flexeril, and Voltaren. Recommendations were made for a psychiatric evaluation for the treatment of depression and anxiety, as well as individual psychotherapy. A request was received for a lumbar discogram. This request was made in order to assist in surgical planning. The Request for Authorization form was not submitted.

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 Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: According to the California MTUS/ACOEM Guidelines, recent studies do not support use of discography as preoperative indication for fusion, as discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value, as pain can occur in non-back issue patients, and results can be inaccurate if there is chronic or abnormal psychosocial testing. The guidelines also state that discography can produce significant symptoms and control patients more than a year later. However, the guidelines also state that discography may be used where fusion is a realistic consideration and it may provide supplemental information prior to surgery. The criteria for discography for patients considering fusion surgery include back pain of at least 3 months' duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, are a candidate for surgery, and have been briefed on the potential risks and benefits from discography and surgery. The clinical information submitted for review indicated that the patient was being considered for a fusion surgery and has had back pain for more than 3 months. However, the documentation did not indicate that she had failed an appropriate course of conservative treatment to include physical therapy and home exercise. Additionally, there was no documentation showing that she had satisfactory results from a detailed psychosocial assessment related to discography. Moreover, the documentation did not indicate that she had been briefed on the potential risks and benefits of discography and fusion surgery. Based on this information, the injured worker does not meet the criteria for discography according to the guidelines. As such, the request is not medically necessary.