

Case Number:	CM14-0139483		
Date Assigned:	09/10/2014	Date of Injury:	12/20/2011
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/28/2014

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 and 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 33-year-old male who reported an injury on 12/20/2011 due to an unknown mechanism. Diagnoses were status post microlumbar decompression right L4-5 and L5-S1 on 04/12/2012, bilateral L5-S1 radiculopathy per an electromyography 10/09/2012, herniated nucleus pulposus of the lumbar spine with stenosis, axial back pain. Past treatments were medications, acupuncture, chiropractic sessions, home exercise program, and physical therapy. Diagnostic studies were computed tomography (CT) scan of the lumbar spine without contrast on 03/17/2014 that revealed apparent postsurgical changes from right hemilaminotomies and mild spondylosis at the L4-5 and L5-S1 but without significant stenosis. The remainder of the lumbar levels was unremarkable. There was also punctate non-obstructing left renal calcification. Surgical history was a microlumbar decompression of the right L4-5 and L5-S1 on 04/12/2012. The physical examination on 05/22/2014 revealed complaints of ongoing low back pain. The injured worker reported that the nerve pain was worse. He reported that he began experiencing "heat wave" sensations to the lower right extremity. There were complaints of muscle pain in the upper back. Examination revealed tenderness to palpation to the right lumbar paraspinals and on the midline. Range of motion of the lumbar spine was decreased on all planes. Sensation was decreased on the right L4, L5, and S1 dermatomes. Motor examination revealed 4/5 for the left tibialis anterior and 4-/5 for right tibialis anterior. Straight leg raise was negative bilaterally. Medications were Norco and Gabapentin. Treatment plan was for a CT discogram. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient computerized tomography (CT) discogram L3-4, L4-5 and L5-S1 with L3-4 as the control level: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The decision for outpatient CT discogram at L3-4, L4-5, and L5-S1 with L3-4 as the control level is not medically necessary. The California ACOEM guidelines state recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. The discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value (common in non-back issue injured workers, inaccurate if chronic or abnormal psychosocial test), 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. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, discography is fairly common and when considered, it should be reserved only for injured workers who meet the following criteria: back pain of at least 3 months' duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment (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). The patient should be a candidate for surgery and has been briefed on potential risk and benefits from discography and surgery. The injured worker has not completely met conservative care modalities. The clinical information provided does not meet the medical guideline criteria for discogram. Therefore, this request is not medically necessary.