

Case Number:	CM14-0142565		
Date Assigned:	09/10/2014	Date of Injury:	12/16/2006
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 63-year-old male with date of injury of 12/16/2006. The listed diagnoses per [REDACTED] from 08/20/2014 are: 1. Moderate to severe degenerative disk disease of the cervical spine at C4-C5, C5-C6, and C6-C7 associated with spondylosis and stenosis as well as bilateral upper extremity radiculitis. 2. Mild to moderate degenerative disk disease plus possible discogenic disease of the lumbar spine at L2-L3, L3-L4, L4-L5, and L5-S1 associated with moderate to severe spondylosis at L4-L5 as well as at L5-S1 and bilateral lower extremity radiculitis. 3. Mild exogenous obesity associated with hypertension and heart disease. According to this report, the patient complains of neck and low back pain. He reports increased constant moderate neck pain which radiates to the head and causes headaches. The patient also reports stiffness in his neck with associated clicking and popping in his neck with movement. His pain is located all across his lower back with stinging pain on the left side without any symptoms in either of his leg except when he stands from a sitting position, which will cause some radiation down his left leg. The examination of the lumbar spine showed range of motion at flexion is 50 degrees, extension 10 degrees, rotation 40 degrees, and lateral bending 30 degrees. Palpation of the lower back showed no tenderness over the spinous process and lumbosacral junction. There is no tenderness in the paraspinal muscles, sacroiliac joints, and sciatic nerves. Deep tendon reflexes are unobtainable at the ankles and knees. Motor strength testing demonstrates grade 5 strength without any neurological deficits. Straight leg raise test is positive at 60 degrees with moderate to severe hamstring tightness and radiating bilateral leg pain. The utilization review denied the request on 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram Test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back regarding Discography

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 307, 307.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting a lumbar discogram test. The ACOEM Guidelines page 304 on lumbar discogram states, "Recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET), annuloplasty, or fusion. Discography may be used where fusion is a realistic consideration and may provide supplemental information prior to surgery. For fusion surgery, ACOEM Guidelines page 307 do not support fusion surgeries unless there is dislocation, instability, and spondylolisthesis. The report from 03/10/2014 references a 04/20/2014 MRI of the lumbar spine that showed moderate disk desiccation and disk space narrowing with essential, right paracentral, and right neural foraminal 3- to 4-mm broad-based disk protrusion and focus of annular fissure at L4-L5. Also, bilateral neural foraminal 3-mm disk protrusion and moderate disk desiccation at L2-L3 and bilateral neural foraminal 3-mm disk protrusion with moderate bilateral recess and neural foraminal narrowing at L3-L4. The records do not show any recent or prior lumbar discograms. The treater notes on 08/20/2014 that treatment options including cervical epidural injections, cervical medial branch blocks, and surgery for fusion are being considered for the patient's worsening symptoms and significant radicular arm symptoms. In this case, discograms are not indicated as a preoperative indication for fusion and IDET annuloplasty. This patient also does not present with a realistic consideration for fusion surgery and a discogram is not indicated. The request is not medically necessary.