

Case Number:	CM14-0143716		
Date Assigned:	09/12/2014	Date of Injury:	03/13/2010
Decision Date:	10/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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 has a subspecialty in: Pain Medicine, Spinal Cord Medicine: and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/13/10 when, while working as a tow truck driver, his vehicle was rear-ended. He had neck and low back pain with loss of consciousness. He was seen in an Emergency Room and discharged the next day. He was placed out of work. He was seen on 03/05/14. He was having low back pain radiating into the lower extremities. He was using a lumbar spine and bilateral knee braces. Physical examination findings included bilateral lumbar paraspinal muscle tenderness with painful and decreased range of motion. Straight leg raising was positive bilaterally. There was decreased lower extremity strength. Imaging results were reviewed. An MRI on 10/22/13 had shown an annular tear at L4-5 and central disc protrusion at L5-S1. Additional imaging was requested. On 07/05/14 an MRI had been done two days before showing findings of mild disc bulging at L3-4 and L4-5 with a mild L5-S1 posterior disc protrusion. He was referred for an orthopedic evaluation. He was seen for this on 07/12/14. Treatments had included physical therapy for two years, acupuncture, and epidural injections. He was having ongoing back pain radiating into the left lower extremity. Authorization for a lumbar discogram prior to lumbar fusion surgery was requested. On 04/25/14 pain was rated at 10/10. He was having ongoing back pain with lower extremity numbness, tingling, and weakness. He was having difficulty sleeping. Physical examination findings included ambulating with an antalgic gait using a cane. He had decreased lumbar spine range of motion. There was positive facet loading and right Fabere testing. Seated straight leg raising was positive bilaterally. There was decreased lower extremity sensation and weakness. Imaging results were reviewed. Authorization for lumbar spine surgery was requested. He was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine discogram at L3-4 and L2-3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic), Discography

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for chronic low back pain. He has imaging showing an annular tear at L4-5 and central disc protrusion at L5-S1. Authorization for lumbar spine fusion surgery has been requested. Discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. The technique of discography is not standardized and there is no universally accepted definition of what constitutes a concordant painful response. There are no published intra-rater or inter-rater reliability studies on discography. The conclusions of recent, high quality studies on discography have suggested that reproduction of the patient's specific back complaints on injection of one or more discs is of limited diagnostic value and have not been shown to consistently correlate well with MRI findings. Guidelines recommend against performing discography in patients with acute, subacute or chronic low back pain or radicular pain syndromes. Therefore, Lumbar spine discogram at L3-4 and L2-3 is not medically necessary.