

Case Number:	CM14-0157726		
Date Assigned:	10/01/2014	Date of Injury:	09/30/2010
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine 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:

Patient is a 63 year-old male with date of injury 09/30/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/06/2014, lists subjective complaints as pain in the low back with radicular symptoms down both legs and groin area. Patient is status post right lumbar differential diagnostic facet block at L4-5 and L5-S1 and middle branches of L3 and L4 and dorsum ramus of L5 on the right side dated 06/17/2013. Examination of the lumbar spine revealed 4+ spasm and tenderness to the bilateral lumbar paraspinal muscles from L4 to S1 and quadratus lumborum. Range of motion was decreased. Kemp's test was positive on the left. Straight leg raising test was positive bilaterally. Braggard's was positive bilaterally. The L5 and S1 dermatomes were decreased on the right to light touch. Diagnosis: 1. Cervical disc herniation with myelopathy 2. Lumbar disc displacement with myelopathy 3. Lateral epicondylitis of the bilateral elbows 4. Thoracic spondylosis without myelopathy 5. Myofascitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304.

Decision rationale: The MTUS states that 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. Discography is not medically necessary.