

Case Number:	CM14-0181745		
Date Assigned:	11/06/2014	Date of Injury:	02/22/2010
Decision Date:	12/11/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Spine Surgeon 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 53-year-old male who reported injury on 02/22/2010 due to baton strikes on blocking pads during baton training. He was diagnosed with lumbar radiculopathy. His past treatments were noted to include transforaminal epidural steroid injections to the L4-5 and left L5-S1 and medications. The injured worker's diagnostic studies were noted to include a CT of the lumbar spine on 11/05/2012, lumbar x-rays showing solid arthrodesis on 07/10/2014 and a CT of the lumbar spine showing postop changes with a solid fusion on 10/02/2014. His surgical history included an L5-S1 fusion on 09/13/2011 and L4-5 and L5-S1 fusion on 11/05/2012. On 10/02/2014, the injured worker complained of back and bilateral groin pain. Upon physical examination the injured worker ambulated with a normal heel to toe gait, forward flexion was 80 degrees and extension was 20 degrees. His medications were noted as OxyContin and Norco; the documentation did not indicate how long the injured worker had been prescribed these medications. The provider noted the treatment plan for the injured worker included a discogram, continuation of medications, and continuation of working on light duty with restrictions of lifting no more than 20 pounds, and no pushing or pulling more than 20 pounds. The rationale for the request was not indicated in the documentation submitted for review. The Request for Authorization dated 10/07/2014 was included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram at L1-S1: 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): 303-305.

Decision rationale: The request for lumbar discogram at L1-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state there is a lack of strong medical evidence to support the use of discography. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. Diskography should be reserved only for patients presenting with back pain of at least three months duration who have failed conservative treatment. There should be documentation indicating satisfactory results from detailed psychosocial assessment as diskography 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 there should be evidence that the patient has been briefed on potential risks and benefits from diskography and surgery. The documentation submitted for review does indicate the injured worker had back pain of at least 3 months and failed conservative treatment. However, the documentation did not include results from a detailed psychosocial assessment. Additionally, there was lack of documentation noting the injured worker was briefed on the potential risks and benefits from discography. Additionally, the requesting physician's rationale for the request is not indicated within the provided documentation. Based on the lack of documentation the request is not supported. As such, the request is not medically necessary.