

Case Number:	CM14-0185731		
Date Assigned:	11/13/2014	Date of Injury:	03/07/2013
Decision Date:	12/19/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 56-year-old individual with an original date of injury of March 7, 2013. The industrial diagnoses include chronic low back pain, lumbar degenerative disc disease which is most severe at L4-L5, lumbar disc herniation, central and lateral recess stenosis at L4-L5, and lumbar radiculopathy. The patient has been treated with pain management and orthopedic consultation since at least 2013. The disputed issue currently is a request for lumbar discography. A utilization review determination on November 4, 2014 had noncertified this request. The utilization reviewer had noted that these program outcomes "have not been found to be consistently reliable for the low back, based upon recent studies."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram L4-L5 with negative control: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography

Decision rationale: Regarding the request for lumbar discogram, ACOEM Practice Guidelines state 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 patients who meet the following criteria: Back pain of at least three 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.); Is a candidate for surgery; Has been briefed on potential risks and benefits from discography and surgery. Therefore, in cases of request for discography, the onus is on the requesting provider to make the case for this procedure which has substantial literature against its use. In this injured worker, there does not appear to appropriate psychosocial screening prior to the request for discography. There is no documentation of satisfactory results from a detailed psychosocial assessment. The progress note on 9/17/2014 associate with this request does not contain a detailed psychosocial assessment. Given this, the currently requested discography is not medically necessary.