

Case Number:	CM13-0071862		
Date Assigned:	01/08/2014	Date of Injury:	02/11/2004
Decision Date:	01/23/2015	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This is a 45 year old patient with date of injury of 02/11/2004. Medical records indicate the patient is undergoing treatment for rheumatoid arthritis, brachial neuritis, right cervical radiculopathy, status post C-5C-6 fusion, right shoulder impingement syndrome, C6-C7 disc degeneration with mild foraminal stenosis, disc space narrowing at L5-S1 and right greater trochanteric bursitis and status post anterior cervical discectomy an fusion at C6-C7. Subjective complaints include right sided neck pain that radiates to bilateral trapezius and right hand with numbness to fingers, and pain rated 8/10. The patient has shoulder pain and back pain that radiates to buttocks, hips and bilateral knees and ankles, rated 8/10. Objective findings include tenderness with palpation of lumbosacral junction, right greater trochanter, normal gait and heel-toe swing through gait. There is intact sensation to bilateral lower extremities and straight leg raise is negative bilaterally. X-ray of lumbar spine from 07/10/2013 revealed no acute fractures, subluxations or significant disc space narrowing at the lumbar level. MRI of lumbar spine on 03/09/2005 revealed mild symmetric posterior annular bulge at L4-5 resulting in mild anterior effacement of the theca and central spinal canal and neural foraminal are patient at this time. Other levels of the lumbar spine are without evidence for direct encroachment on the nerve roots of the lumbar spine, transitional anatomy present with partial sacralization of the L5 vertebral body. Treatment has consisted of activity modifications, therapy, pain management blocks, acupuncture, Norco, Premarin, Tricor and Zanaflex. The utilization review determination was rendered on 12/18/2013 recommending non-certification of pain management consult outpatient diagnostic discogram at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULT OUTPATIENT DIAGNOSTIC DISCOGRAM AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs

Decision rationale: ODG states, "Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. (Pain production was found to be common in non-back pain patients, pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing.) Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. Discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not allow fusion)". Guidelines recommend against discography for radicular pain syndromes. As such, the request for pain management consult outpatient diagnostic discogram at L4-5 and L5-S1 is not medically necessary.