

Case Number:	CM14-0216345		
Date Assigned:	01/06/2015	Date of Injury:	09/30/2013
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 sustained a work related injury on September 30, 2013, feeling a sudden pain in the low back when lifting an empty propane tank. The injured worker's conservative treatments were noted to have included physical therapy, acupuncture, oral medications, and a sacroiliac injection. The Primary Treating Physician's report dated October 9, 2014, noted the injured worker with complaints of bilateral low back pain and discomfort, with physical examination showing lumbar back decreased range of motion, tenderness, bony tenderness, very tender S1 joints, pain, and spasm. The diagnoses were noted as right sacroiliitis, instability of the right sacroiliac joint, and right sacroiliac joint pain. The Physician noted the injured worker had not improved after conservative treatments. An Orthopedic evaluation dated November 7, 2014, noted the injured worker with significant lower back pain. The injured worker reported being unable to live with the pain, without long term relief from the previous epidural steroid injection and physical therapy/chiropractic care, and was requesting surgery for relief of the pain. A MRI was noted to show L5-S1 disc involvement. A copy of the MRI report was not included in the documentation provided. The patient has had X-ray of the sacroiliac on 3/11/14 with normal findings. An Orthopedic evaluation dated November 20, 2014, noted the injured worker with continued lower back pain. Physical examination was noted to show moderate tenderness to palpation of the lumbar spine, with the diagnoses of acute low back pain and lumbar radiculopathy. Patient had received 13 PT visits for this injury. She had received a ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram, with negative control, L4-S1 Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 303-304. Decision based on Non-MTUS Citation Low Back (updated 01/30/15) Discography

Decision rationale: Request: Discogram , with negative control, L4-S1 Quantity: 1.00 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 12 back. As per cited guideline Diskography is not recommended for assessing patients with acute low back symptoms. Recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography 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. Tears may not correlate anatomically or temporally with symptoms. Diskography 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, diskography 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. (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.) Is a candidate for surgery. Has been briefed on potential risks and benefits from diskography and surgery. As per ODG guideline for lumbar discography Not recommended. 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. Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. The cited guidelines for criteria for lumbar discography Discography is not recommended in ODG. Patient selection criteria for Discography if provider & payor agree to perform anyway: Back pain of at least 3 months duration Failure of recommended conservative treatment including active physical therapy An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection) 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) Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) NOTE: In a situation

where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria. Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification. Therefore, lumbar discography is not recommended by the cited guidelines. Patient did not have any progressive neurological deficits that are specified in the records provided. Findings suggestive of suspicious for tumor, infection, fracture, or other red flags were not specified in the records provided. Patient has received 13 PT visits, for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Prior PT visits notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. A MRI was noted to show L5-S1 disc involvement. Any significant consistent change in the patient clinical condition since then was not specified in the records provided. The request for Discogram, with negative control, L4-S1 is not medically necessary.