

Case Number:	CM14-0038469		
Date Assigned:	09/05/2014	Date of Injury:	08/03/2009
Decision Date:	01/02/2015	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 Surgery 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 male, who was injured on August 3, 2009, while performing regular work duties. The records indicate the injured worker has had lower back pain with radicular pain for over 30 years. A magnetic resonance imaging of the lumbar spine on December 16, 2013, indicates an annular tear at L4-L5 and L5-S1. An evaluation on July 18, 2014, indicates the injured worker had a previous discogram which was negative. An evaluation on October 7, 2014, indicates the injured worker has received epidural injections previously with some transient relief. A previous rhizotomy and radiofrequency ablation is mentioned in the records to have worsened the injured worker's pain. The request for authorization is for discography L4/5 and L5/S1 and left L4/5 and L5/S1 transforaminal epidural with cytonics alpha-2 macroglobulin harvesting and treatment under anesthesia. On October 17, 2014, a Utilization Review non-certified discography L4/5 and L5/S1 and left L4/5 and L5/S1 transforaminal epidural with cytonics alpha-2 macroglobulin harvesting and treatment under anesthesia due to no preoperative indication for discography, and criteria for repeat epidural steroid injections is not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 305, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 03/18/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Diskography

Decision rationale: Per the CA MTUS/ACOEM Low Back complaints, page 304, regarding discography, "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." The ODG, Low back, discography states that discography is indicated if there are satisfactory results from a detailed psychosocial assessment. There is no evidence in the records that a detailed psychosocial assessment has been performed. In this case there is no clinical indication from the records of 10/7/14 of a detailed psychosocial assessment. Therefore determination is not medically necessary.