

Case Number:	CM15-0014882		
Date Assigned:	02/02/2015	Date of Injury:	07/13/2011
Decision Date:	05/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 45-year-old female, with a reported date of injury of 07/13/2011. The diagnoses include lumbosacral neuritis, and L5-S1 disc herniation. Treatments to date have included lumbar injection, oral medications, topical pain medication, physical therapy, x-rays of the lumbar spine, and an MRI of the lumbar spine. The progress report dated 12/15/2014 indicates that the injured worker complained of severe back pain with intermittent radiation to the posterior legs and bottom of her feet. The physical examination showed moderate tenderness in the low back region, increased pain with extension of the lumbar spine, decreased lumbar range of motion, difficulty rising from a seated to standing position, and use of a cane. The treating physician requested a lumbar discogram at L5-S1 and control level at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Discography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Discography.

Decision rationale: California MTUS guidelines do not support discography as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. Discography does not identify the symptomatic high intensity zone and concordance of symptoms with the disc injected is of limited diagnostic value and it can produce significant symptoms and controls more than a year later. ODG guidelines do not recommend discography. In the past discography had been used as part of the preoperative evaluation of patient's for consideration of surgical intervention for low back pain. However, the conclusions of recent high-quality studies on discography have significantly questioned the use of discography results as a reoperative indication for either these studies have suggested that reproduction of the patient's specific back complaints on injection of 1 or more disks is of limited diagnostic value. As such, the request for discography is not medically necessary.