

Case Number:	CM15-0016583		
Date Assigned:	02/04/2015	Date of Injury:	01/20/1999
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/28/2015

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: California

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 57 year old female, who sustained an industrial injury on 01/20/1999. The diagnoses have included lumbar intervertebral disc disorder with myelopathy and lumbago. Treatments to date have included epidural steroid injection, physical therapy, and medications. Diagnostics to date have included CT scan of the lumbar spine on 12/08/2014 which showed scoliosis with degenerative change in the lower lumbar spine and significant loss of disc height at L3/L4 and at L5/S1, and some spondylosis, as well as L2/L3 and L4/L5. It is noted that the injured worker is unable to have an MRI secondary to gunshot wound. In a progress note dated 01/07/2015, the injured worker presented with complaints of low back pain and occasional lower extremity pain. The treating physician reported recommending a repeat lumbar diagnostic discography at L2/L3, L3/L4, L4/L5, and L5/S1 due to the injured worker having gone through extensive conservative treatment and continuing to have severe pain, predominantly low back pain. Utilization Review determination on 01/14/2015 non-certified the request for Lumbar (lower back) discography at L2-3, L3-4, L4-5, and L5-S1 as an outpatient citing American College of Occupational and Environmental Medicine and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discography at L2-3, L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back (updated 11/21/14), Discography

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

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 psy- chosocial 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."ODG, Low back, discography states that discography is indicated if there is 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 indication from the records of 1/7/15 of a detailed psychosocial assessment, therefore determination is for non certification.