

Case Number:	CM15-0016955		
Date Assigned:	02/05/2015	Date of Injury:	09/01/2010
Decision Date:	03/31/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/29/2015

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 male, who sustained an industrial injury on September 1, 2010. He has reported low back pain, radiation of pain to buttocks and down lower extremities. The diagnoses have included lumbar (L)5-sacral (S)1, 1-mm disc bulge with right paracentral annular fissure per MRI of April 5, 2014, 3-mm disc protrusion at L5-S1 with a right annular tear, 1-mm to 2-mm disc protrusion at L4-L5 on the left encroaching the L5-S1 nerve root, per MRI and Lumbar sprain/strain and low back pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, right knee and hip arthroscopy, chiropractic care, physical therapy, lumbar epidural steroid injections, pain medications and home exercise plans. Currently, the IW complains of low back pain, radiation of pain to buttocks and down lower extremities. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He reported chronic pain in spite of multiple conservative therapies. He was treated with psychotherapy for anxiety, depression, insomnia, nervousness and frustration. On July 11, 2014, evaluation revealed continued pain. Additional epidural steroid injection of the lumbar and sacral region was requested. On December 19, 2014, evaluation revealed continued pain. Pain medications were adjusted and toxicology screen was requested. On December 29, 2014, Utilization Review non-certified a lumbar spine discogram at the lumbar 5-sacral 1 and lumbar 4-5 level with negative control at lumbar 3-4 level and a post procedure computed tomography scan, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 26, 2015, the injured worker submitted an application for IMR for review of the above request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine discogram L5-S1, L4-L5 with negative control at L3-L4 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th Edition, 2014 Low back, Discography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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 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 12/19/14 and no detailed psychosocial assessment, therefore determination is for non certification.

Post procedure CT scan QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: CA MTUS/ACOEM Chapter 12 Low Back Complaints, pages 303-305 demonstrates a CT scan is indicated for bony structures if there is physiologic evidence of impairment. As the request for the discogram is not medically necessary, the request for a post discogram CT scan is not medically necessary and appropriate.