

Case Number:	CM15-0115892		
Date Assigned:	06/24/2015	Date of Injury:	06/01/2012
Decision Date:	07/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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: Preventive Medicine, Occupational Medicine

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 40-year-old female who sustained an industrial injury on 6/1/12 as she was carrying a case of water she experienced sharp burning pain in the low back and down the left leg. She was medically evaluated and was treated with physical therapy which worsened her symptoms; chiropractic treatments; aqua therapy; four epidural steroid injections, none of which relieved the pain. She had MRI, electromyography/ nerve conduction studies of the left lower extremity; computed tomography of the lumbosacral spine. She currently complains of constant, sharp low back pain with a pain level of 7/10 with pins and needles affecting the toes of her left foot. Her activities of daily living are limited in that she cannot lift, bend or climb stairs. On physical exam, she has paravertebral muscle spasms and decreased range of motion. Medications are Naprosyn, Prilosec, and Zoloft. Diagnoses include probable lumbar discogenic pain syndrome; lumbar degenerative spondylosis. Diagnostics include MRI of the lumbar spine (7/2/12) shows degenerative changes; computed tomography (8/13/13) showing disc bulge; x-ray of the lumbar spine (5/12/15) normal; electromyography/ nerve conduction study of the bilateral lower extremities (9/23/13) normal. Treatments include pain management; injections; physical therapy; medications. In the progress note, dated 5/12/15 the treating provider's plan of care includes a request for a lumbar discography study with L3-4 as the control and provocative testing at L4-5 and L5-S1 in order to identify the primary pain generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram of Lumbar Spine with L3-4 As Control and Provocative Testing at L4-5 and L5-S1: Upheld

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

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

Decision rationale: The MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Discography 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. Discogram of Lumbar Spine with L3-4 as Control and Provocative Testing at L4-5 and L5-S1 is not medically necessary.