

Case Number:	CM15-0115915		
Date Assigned:	06/29/2015	Date of Injury:	02/28/2005
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
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: Family Practice

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 sustained an industrial injury on 2/28/05. The injured worker has complaints of low back and bilateral lower extremity pain with numbness and tingling in the bilateral lower extremities. The documentation noted that the lumbar spine is tender to palpation bilateral lumbar paraspinals and spasm noted bilateral paraspinals with decreased flexion and extension. The documentation noted straight leg is positive on the right and negative on the left. The diagnoses have included lumbar spine facet arthropathy; lumbar radiculopathy and lumbar spondylosis without radiculopathy. Treatment to date has included epidural injection with no benefits; norco; naproxen; gabapentin; home exercise program; magnetic resonance imaging (MRI) of the lumbar spine on 7/10/12 showed L2-3 disc bulge, facet arthropathy and hypertrophy of the ligamentum flavum, mild narrowing of the posterolateral aspect of the central canal, lateral disc-osteophyte spurring, mild to moderate left foraminal stenosis, slightly increased and five lumbar surgeries. The request was for computerized tomography (CT) scan discogram at L3-4, L4-5 and L5-S1 with L3-4 as control level with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Discogram at L3-4, L4-5 and L5-S1 with L3-4 As Control Level with Contrast: 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 based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: The MTUS ACOEM and Official Disability Guidelines do not recommend the use of discography. As noted by the references, discography may cause disc degeneration. Even modern discography techniques using small gauge needle and limited pressurization resulted in accelerated disc degeneration (35% in the discography group compared to 14% in the control group), disc herniation, loss of disc height and signal and the development of reactive endplate changes compared to match-controls. Given the lack of support for discography per evidence based guidelines, the request for this imaging study is not supported. The request for CT Discogram at L3-4, L4-5 and L5-S1 with L3-4 A's Control Level with Contrast is not medically necessary or appropriate.