

Case Number:	CM15-0121507		
Date Assigned:	07/02/2015	Date of Injury:	10/07/2012
Decision Date:	07/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 36 year old female sustained an industrial injury to the low back on 10/7/12. Previous treatment included magnetic resonance imaging, epidural steroid injections and medications. Electromyography bilateral lower extremity (7/8/14) showed L4-5 radiculopathy. Magnetic resonance imaging lumbar spine (12/31/14) showed multilevel chronic disc degeneration with mild disc space narrowing and disc bulge resulting in mild spinal stenosis. In an orthopedic evaluation dated 5/13/15, the injured worker complained of low back pain rated 9-10/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation over the entire lumbar spinous process with decreased range of motion. Current diagnoses included mild midline posterior bulging of the disc annulus resulting in mild spinal stenosis and acute on chronic right L5-L4 radiculopathy. The treatment plan included requesting authorization for medications (Zanaflex, Nortriptyline, Norco and Zofran) and computed tomography lumbar spine and discogram as recommended by the neurosurgeon on 4/30/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram to the lumbar spine at the L1-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Discogram.

Decision rationale: Pursuant to the Official Disability Guidelines, discogram lumbar spine at L1-S1 levels is not medically necessary. According to the ACOEM, discography is not recommended for acute, subacute and chronic low back conditions. Discography, whether performed as a solitary test or when compared with imaging (e.g. MRI) is moderately not recommended for acute, subacute or chronic low back pain. Discography is not recommended according to the official disability guidelines. In the past, discography has been used as part of the preoperative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of high quality studies on discography have significantly questioned the use of discography as a preoperative indication for either IDET or spinal fusion. In this case, the injured worker's working diagnoses are mild midline posterior bulging disc annulus at L3 - L4, L4 - L5 and L5 - S1 levels resulting in mild spinal stenosis at each level; and acute on chronic L5 greater than L4 radiculopathy on the right. Subjectively, according to a May 13, 2015 progress note the injured worker has ongoing back pain 9-10/10. Objectively, range of motion is restricted. The injured worker walks with a severely antalgic gait and uses a cane. There is tenderness of palpation over the entirety of the lumbar spine is processes. The injured worker seen in consultation (according to an April 30, 2015 progress note. The treating provider consultant indicates he does not want to perform surgery. The injured worker had an EMG that showed an L4 - L5 radiculopathy. The provider wants to perform a discogram before considering surgery. Discography is not recommended for acute, subacute and chronic low back conditions. Discography, whether performed as a solitary test or when compared with imaging (e.g. MRI) is moderately not recommended for acute, subacute or chronic low back pain. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, discogram lumbar spine at L1-S1 levels is not medically necessary.

Computed Tomography to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Discogram.

Decision rationale: Pursuant to the Official Disability Guidelines, CT scan to the lumbar spine is not medically necessary. According to the ACOEM, discography is not recommended for acute, subacute and chronic low back conditions. Discography, whether performed as a solitary test or when compared with imaging (e.g. MRI) is moderately not recommended for acute, subacute or chronic low back pain. Discography is not recommended according to the official disability guidelines. In the past, discography has been used as part of the preoperative

evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of high quality studies on discography have significantly questioned the use of discography as a preoperative indication for either IDET or spinal fusion. In this case, the injured worker's working diagnoses are mild midline posterior bulging disc annulus at L3 - L4, L4 - L5 and L5 - S1 levels resulting in mild spinal stenosis at each level; and acute on chronic L5 greater than L4 radiculopathy on the right. Subjectively, according to a May 13, 2015 progress note the injured worker has ongoing back pain 9-10/10. Objectively, range of motion is restricted. The injured worker walks with a severely antalgic gait and uses a cane. There is tenderness of palpation over the entirety of the lumbar spine is processes. The injured worker seen in consultation (according to an April 30, 2015 progress note. The treating provider consultant indicates he does not want to perform surgery. The injured worker had an EMG that showed an L4 - L5 radiculopathy. The provider wants to perform a discogram before considering surgery. Discography is not recommended for acute, subacute and chronic low back conditions. Discography, whether performed as a solitary test or when compared with imaging (e.g. MRI) is moderately not recommended for acute, subacute or chronic low back pain. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, CT scan to the lumbar spine is not medically necessary.