MAXIMUS Federal Services

Case Number:	CM15-0123168		
Date Assigned:	07/07/2015	Date of Injury:	06/02/1999
Decision Date:	08/04/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/25/2015

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: Texas, 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:

This is a 60 year old male patient, who sustained an industrial injury on June 2, 1999, incurring low back injuries. He was diagnosed with lumbar disc disease with disc bulging and lumbar disc degeneration. Per the doctor's note dated 5/6/2015, he had complaints of low back pain. The physical examination revealed no tenderness, lumbar spasm and guarding, negative straight leg raising, 5/5 strength and normal sensation in the bilateral lower extremities. The medications list includes gabapentin, Tylenol, Ambien and hydrocodone-acetaminophen. He has had Magnetic Resonance Imaging of the lumbar region dated 2/6/2014, which revealed stable postoperative findings at L2-3 and L3-4, 3 mm annular disc bulge at L2-3, new intense type 1 marrow endplate changes at L2-3 level; lumbar spine X-ray dated 4/6/2015. He underwent a surgical lumbar fusion. Treatments included pain medications, neuropathic medications, epidural steroid injection, sleep aides, nerve blocks, and work modifications. He has had CBT with residual depression and anxiety. The treatment plan that was requested for authorization included a lumbar discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at L2-3, L3-4: 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 Page(s): 304-305.

Decision rationale: Per the ACOEM low back guidelines "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 psychosocial 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. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.); Is a candidate for surgery; Has been briefed on potential risks and benefits from diskography and surgery." Therefore, there is no high grade scientific evidence to support discogram for this diagnosis. Patient had Magnetic Resonance Imaging of the lumbar region dated 2/6/2014, which revealed stable post operative findings at L2-3 and L3-4, 3 mm annular disc bulge at L2-3, new intense type 1 marrow endplate changes at L2-3 level. A significant change in the patient's condition since this diagnostic study, that would require a lumbar discogram, is not specified in the records provided. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. In addition, satisfactory results from detailed psychosocial assessment are not specified in the records provided. Discogram at L2-3, L3-4 is not medically necessary for this patient at this juncture.