

Case Number:	CM15-0125093		
Date Assigned:	07/09/2015	Date of Injury:	02/20/2004
Decision Date:	08/12/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 48-year-old male, who sustained an industrial injury on 2/20/04. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar neuritis/radiculitis; lumbago; lumbar spondylosis; degeneration of the lumbar disc. Treatment to date has included; physical therapy; lumbar epidural steroid injections (9/22/14; 11/6/14; 12/1/14); medications. Diagnostics studies included MRI Lumbar spine (3/5/15). Currently, the PR-2 notes dated 6/12/15 indicated the injured worker was referred for an evaluation of his chronic low back pain and consideration of a lumbar discogram. The provider notes the injured worker has suffered for several years and describes his pain in the lumbar spine with pain radiation into the bilateral lower extremities. He rates this pain as 4-9/10 and describes it as nagging, aching, sharp, cramping, shooting, and tender. He notes the pain exacerbation with prolonged standing, sitting, walking. Pain is improved with rest. He has undergone a trial of conservative therapies including physical therapy, ice, heat, home exercise. On physical examination, the provider documentation scoliosis, kyphosis, costovertebral angle tenderness, straight leg raising test is positive bilaterally, sacroiliac joint tenderness, lumbosacral tenderness, pain with lumbar flexion 80/90 degrees, pain with lumbar extension 10/20 degrees. Motor on the right lower extremities notes plantar flexion 5/5 (S1), EHL 5/5 (L5), dorsiflexion 5/5 (L4), knee extension 5/5 (L3), hip adduction 5/5 (L2), hip flexion 5/5 (L4). Motor on the left extremity notes plantar flexion 5/5 (S1), EHL 5/5 (L5), dorsiflexion 5/5 (L4), knee extension 5/5 (L3), hip adduction 5/5 (L2), hip flexion 5/5 (L1), sensory wnl. The MRI of the lumbar spine reported on 3/5/15 indicated a L2-3 small central disc herniation with annular fissure and at L3-4; a small

disc bulge is noted. At L4-5, a small right foraminal disc herniation and endplate modic changes are noted. At L5-S1, a central disc herniation and annular tear and endplate modic changes are noted. The provider is requesting authorization of a lumbar discogram x3 and CT lumbar spine with contrast (post discogram) to assess the pain generators and discuss if the injured worker is a surgical candidate for lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar discogram.

Decision rationale: This patient receives treatment for chronic low back pain. The medical diagnoses include lumbar disc disease, lumbar spondylosis, and lumbar neuritis. These problems relate back to a work-related injury on 02/20/2004. This review addresses a request for a lumbar discogram. The patient experiences shooting pains from the lower back down the lower extremities. On examination there was positive SLR testing on sides, SI joint tenderness, and pain with flexion and extension. The motor exam was normal. The treatment guidelines for low back pain patients no longer recommend discogram studies in the evaluation process for potential lumbar surgery cases. The reason is that well designed prospective clinical studies fail to identify any benefit by including discogram examinations prior to surgery. A discogram is not medically necessary.

CT lumbar spine with contrast (post discogram): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar discogram.

Decision rationale: This patient receives treatment for chronic low back pain. The medical diagnoses include lumbar disc disease, lumbar spondylosis, and lumbar neuritis. These problems relate back to a work-related injury on 02/20/2004. This review addresses a request for a CT of the lumbar spine after the lumbar discogram. The patient experiences shooting pains from the lower back down the lower extremities. On examination there was a positive SLR testing on sides, SI joint tenderness, and pain with flexion and extension. The motor exam was normal. The

previous review did not find that the lumbar discogram was medically indicated for this patient, therefore, the post discogram lumbar CT is not medically necessary for this patient.