

Case Number:	CM15-0172297		
Date Assigned:	09/14/2015	Date of Injury:	08/11/2011
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/01/2015

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: Physical Medicine & Rehabilitation

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 8-11-2011. Diagnoses include lumbar sprain-strain and status post cervical decompression and posterior fusion. Treatment to date has included surgical intervention (cervical decompression and fusion, 2012), medications, physical therapy, acupuncture, facet blocks, pain management evaluation and treatment and epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 8-11-2015, the injured worker presented for reevaluation. He reported severe pain in the lumbar spine, which radiates to the hips and legs. He rates his pain level at 9 out of 10. He also reported cramping in the calves and feet on a daily basis and unable to sleep due to pain. He is awaiting discogram. Objective findings of the lumbar spine included flexion of 45 degrees, extension 20 degrees, and bending 30 degrees to the left and right. There was paraspinal tenderness with muscle spasms noted. Work status was temporarily totally disabled. The plan of care included, and authorization was requested for discogram of the lumbar spine at L3-4, L4-5 and L5-S1 to exclude the source of pain. On 8-12-2015, Utilization Review non-certified the request for Discogram L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under Discography.

Decision rationale: The current request is for Discogram L4-L5 and L5-S1. Treatments to date has included surgical intervention (cervical decompression and fusion, 2012), medications, physical therapy, acupuncture, facet blocks, pain management evaluation and epidural steroid injections. The patient is temporarily totally disabled. ACOEM guidelines, chapter 12, page 304 does not support discogram as a preoperative indication for fusion as "discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value..." ACOEM page 310, table 12-8 (cotd) has the following regarding surgical considerations for lower back complaints: "Not Recommended: Spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection." ODG guidelines, Low Back Chapter under Discography states: Not Recommended. Patient selection criteria for Discography if provider & payor agree to perform anyway: (a) Back pain of at least 3 months duration, (b) Failure of recommended conservative treatment including active physical therapy, (c) An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection), (d) Satisfactory results from detailed psychosocial assessment (discography 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), (e) Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive). NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non- diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria, (f) Briefed on potential risks and benefits from discography and surgery (g) Single level testing (with control), (h) Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification. Per report 08/11/15, the patient presents with severe pain in the lumbar spine which radiates to the hips and legs. He rates his pain level at 9 out of 10. He also reported cramping in the calves and feet on a daily basis and unable to sleep due to pain. Objective findings of the lumbar spine included flexion of 45 degrees, extension 20 degrees, and bending 30 degrees to the left and right. There was paraspinal tenderness with muscle spasms noted. There is hypoesthesia at the anterolateral aspect of the foot and positive SLR. The treater requests a discogram at L3-4, L4-5 and L5-S1 "to exclude the source of pain." This patient presents with chronic low back, and guidelines do not support discograms to identify pain generator unless lumbar surgery is a realistic possibility. This patient does not present with indications for lumbar fusion surgery, as there is lack of instability, dislocation, fractures, etc. The request IS NOT medically necessary.