

Case Number:	CM15-0071835		
Date Assigned:	04/22/2015	Date of Injury:	04/04/2006
Decision Date:	05/27/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/15/2015

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: 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:

The injured worker is a 34 year old female, who sustained an industrial injury on April 4, 2006, incurring back injuries after lifting pallets. Treatment included lumbar fusion and discectomy, anti-inflammatory drugs and pain medications. She was diagnosed with a lumbar strain, lumbar spondylosis, lumbar degenerative disc disease and lumbosacral degenerative disc disease. Currently, the injured worker complained of leg pains radiating into her feet. The treatment plan that was requested for authorization included a lumbar discogram computed tomography post discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram: 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): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Discography.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses diskography. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) indicates that diskography is not recommended. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that discography is not recommended. Discography is not recommended in ODG. Lumbar discogram and CT scan post discogram were requested on 4/2/15. Magnetic resonance imaging (MRI) of the lumbar spine dated August 2014 documented a right broad-based herniation at L3-4 and a degenerative L5-S1 disc. Discogram reviewed on 3/27/15 documented that the patient had concordant pain at L4-5 and the needle was unable to enter at L5-S1. The orthopedic progress report dated 12/17/14 documented a chief complaint of lumbar pain. The patient was injured in 2006 April. The patient has been treating with an orthopedic spine surgeon who has recommended an L5-S1 fusion and L3 for discectomy laminectomy. The patient had a discogram and a repeat MRI in August 2014. On examination, the patient has pain down both of her legs into her feet the right being worse than the left, and she describes pain into her right quadricep. She does not have any focal weakness. The orthopedic surgeon stated that he would like to review the discogram that was previously performed. The request for surgery has been made for a fusion at L5-S1. The orthopedic surgeon recommended a 360 fusion and a laminectomy discectomy on the right at L3-4 to alleviate her right quadriceps pain. Lumbar discogram was requested on 4/2/15. The 12/17/14 orthopedic report is the latest progress report present in the submitted medical records. No updated progress reports were present in the submitted medical records. Spine surgery has been recommended by two orthopedic surgeons. Discogram was performed in 2014. MRI of the lumbar spine was performed in August 2014. Without updated progress reports, the request for lumbar discogram is not supported. ACOEM 2nd Edition indicates that diskography is not recommended. Official Disability Guidelines (ODG) indicates that discography is not recommended. Therefore, the request for lumbar discogram is not medically necessary.

CT Scan post discogram: 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): 303-304, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) CT (computed tomography), Discography.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses CT (computed tomography). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) recommends CT or MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. MRI

is the test of choice for patients with prior back surgery. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that CT computed tomography is not recommended except for indications below: lumbar spine trauma: trauma, neurological deficit; lumbar spine trauma: seat belt (chance) fracture; myelopathy (neurological deficit related to the spinal cord), traumatic; myelopathy, infectious disease patient; evaluate pars defect not identified on plain x-rays; evaluate successful fusion if plain x-rays do not confirm fusion. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) indicates that discography is not recommended. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that discography is not recommended. Discography is not recommended in ODG. Lumbar discogram and CT scan post discogram were requested on 4/2/15. Magnetic resonance imaging (MRI) of the lumbar spine dated August 2014 documented a right broad-based herniation at L3-4 and a degenerative L5-S1 disc. Discogram reviewed on 3/27/15 documented that the patient had concordant pain at L4-5 and the needle was unable to enter at L5-S1. The orthopedic progress report dated 12/17/14 documented a chief complaint of lumbar pain. The patient was injured in 2006 April. The patient has been treating with an orthopedic spine surgeon who has recommended an L5-S1 fusion and L3 for discectomy laminectomy. The patient had a discogram and a repeat MRI in August 2014. On examination, the patient has pain down both of her legs into her feet the right being worse than the left, and she describes pain into her right quadricep. She does not have any focal weakness. The orthopedic surgeon stated that he would like to review the discogram that was previously performed. The request for surgery has been made for a fusion at L5-S1. The orthopedic surgeon recommended a 360 fusion and a laminectomy discectomy on the right at L3-4 to alleviate her right quadriceps pain. Lumbar discogram and CT scan post discogra were requested on 4/2/15. The 12/17/14 orthopedic report is the latest progress report present in the submitted medical records. No updated progress reports were present in the submitted medical records. Spine surgery has been recommended by two orthopedic surgeons. Discogram was performed in 2014. MRI of the lumbar spine was performed in August 2014. Without updated progress reports, the request for lumbar discogram is not supported. ACOEM 2nd Edition indicates that diskography is not recommended. Official Disability Guidelines (ODG) indicates that discography is not recommended. Because the lumbar discogram has been determined to be not medically necessary, the post discogram CT scan is not medically necessary.