

Case Number:	CM15-0074299		
Date Assigned:	04/24/2015	Date of Injury:	03/20/2012
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old female who sustained an industrial injury on 3/20/12. The mechanism of injury was not documented. The 1/20/15 lumbar spine MRI impression documented multilevel degenerative changes within the lumbar spine which were relatively stable in comparison with the prior study. At L2/3, there was a 3-4 mm broad-based left disc bulge with mild left neuroforaminal narrowing. At L3/4, there was a 2 mm broad-based left disc bulge with slight left lateral recess and minimal foraminal narrowing. At L4/5, there was a 1-2 mm broad-based disc bulge and moderate facet arthropathy with bilateral mild to moderate foraminal narrowing. At L5/S1, there was a 3 mm broad-based disc protrusion with inferior extrusion of the disc material in the midline by 6 mm, and mild facet arthropathy. There was no significant central canal narrowing at any level. The 2/25/15 treating physician report indicated that the patient had pain at L4/5 and L5/S1 bilaterally today, worse in extension and flexion, with the same character and location as in the past. The recent MRI did not seem to indicate any changes at the level of the discs at L4/5 or L5/S1 in the way of discogenic factors causing pain. The diagnosis was lumbar facet syndrome, L4/5 and L5/S1. The treatment plan requested facet injections at L4/5 and L5/S1. The 3/31/15 treating physician report indicated that the injured worker was status post facet injections at L4/5 and L5/S1 which had not been efficacious. She was status post multiple radiofrequency denervations that had lasted for at least 6 months in the past. She had not improved at all this time. A discogram was requested at L4/5 and L5/S1. The 4/14/15 utilization review non-certified the requested lumbar discogram based on an absence of guideline support and no clear indication for the test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discography.

Decision rationale: The California MTUS guidelines state that there is a lack of strong medical evidence supporting discography and should only be considered for patients who meet specific criteria. Indications include back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from discography and surgery. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. Discogram outcomes have not been found to be consistently reliable for the low back, based upon recent studies. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this patient's clinical scenario. There is no clear evidence of a psychosocial assessment or that the injured worker is a candidate for surgery. There is no compelling reason to support the medical necessity of this request in the absence of guideline support. Therefore, this request for is not medically necessary.

Post follow up visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Office visits.

Decision rationale: As the discogram request is not supported, this request is not medically necessary.