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| Case Number: | CM15-0091043 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 03/19/2012 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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: New Jersey

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 58-year-old male, who sustained an industrial injury on March 19, 2012, incurring low back injuries. Lumbar x rays revealed degenerative disc disease. He was diagnosed with a lumbosacral strain, disc herniation, and lumbar degenerative disc disease and lumbosacral radiculopathy. He underwent a surgical lumbosacral decompression. Treatment included pain management, physical therapy, home exercise program, epidural steroid injection, transcutaneous electrical stimulation, and work restrictions. Currently, the injured worker complained of persistent back pain and bilateral leg pain. The treatment plan that was requested for authorization included lumbosacral Discography and a post Discography computed tomography scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-S1 Discography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Discography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304-305.

Decision rationale: The MTUS ACOEM Guidelines state that imaging studies of the lower back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated due to the high risk of diagnostic confusion (30% false-positive rate). Studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal annuloplasty or fusion, and does not identify the symptomatic high-intensity zone. Concordance of symptoms with the disk injected is of limited diagnostic value, according to the MTUS, and can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. However, diskography may be used where fusion is a realistic consideration, and may provide supplemental information prior to surgery. Criteria for diskogram should include: 1. Back pain for at least 3 months, 2. Failure of conservative treatment, 3. Satisfactory results from detailed psychosocial assessment, 4. Is a candidate for surgery, 5. Has been briefed on potential risks and benefits from diskography and surgery. In the case of this worker, there was no documentation that the criteria listed above was met in preparation for undergoing lumbar diskography. Also, there was insignificant evidence to support the need for discography. Regardless of these factors, in general, diskography is not recommended by the MTUS for pre-surgical imaging as it has been shown to not change the outcome of surgery and may lead to harm. Therefore, the L2-S1 diskography will be considered medically unnecessary.

Post- Discography CT Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 296-310.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for any special imaging study to be warranted there needs to be unequivocal objective clinical findings that suggest red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.), and only in those patients who would consider surgery as an option to correct it. In non-emergent situations, a failure of conservative treatments for at least 4-6 weeks is required before considering any imaging. In some situations where the patient has had prior surgery on the back where the physician is looking for stability of a fusion surgery, for example, or there is a suspected bony abnormality such as fracture, CT scan may be considered. In the case of this worker, the CT scan was intended to be completed following lumbar diskography, which is not recommended by this reviewer. Therefore, the CT scan will also be considered medically unnecessary. Also, there was no other evidence of a different indication such as a red flag diagnosis to suggest this imaging was warranted.