MAXIMUS Federal Services

Case Number:	CM15-0097470		
Date Assigned:	05/28/2015	Date of Injury:	09/30/2010
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/20/2015

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: Florida
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 63-year-old male, who sustained an industrial injury on 9/30/2010. He reported injury from a 6-foot fall from a flatbed trailer. The injured worker was diagnosed as having multilevel disc protrusion with radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, home exercises and medication management. In progress notes dated 2/10/2015 and 4/15/2015, the injured worker complains of low back pain with bilateral lower extremity pain with numbness and tingling. The treating physician is requesting computed tomography discogram of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT discogram lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Complaints Page(s): 304-305.

Decision rationale: California MTUS guidelines state regarding CT Diskography, Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; Satisfactory results from detailed psychosocial assessment. (Diskography 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.) Is a candidate for surgery; Has been briefed on potential risks and benefits from diskography and surgery. Regarding this patient's case, MTUS guidelines are not satisfied. This patient has a diagnosis of chronic back pain, and there is no documentation that he has undergone a detailed psychosocial assessment. CT discography is specifically not recommended in chronic back pain patients. There is also no documentation that this patient is being considered as a candidate for potential surgery or that he has been briefed on the potential risks and benefits. It is noted that this specific request has already been denied on two prior occasions for similar reasons. The patient's clinical picture has also not changed in the documentation since those adverse determinations were made. Therefore, this request for CT discography is not medically necessary.