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| Case Number: | CM13-0022932 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 05/07/2007 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 08/28/2013 |
| Priority: | Standard | Application Received: | 09/11/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of May 7, 2007. A utilization review determination dated August 28, 2013 recommends non-certification for a lumbar diskogram at L2-3, L3-4, L4-5, and L5-S1. A psychological consultation dated February 6, 2013 indicates that the patient has Major Depression severe with no evidence of psychosis as well as low back pain and morbid obesity. The note goes on to indicate that the patient has a current unstable psychological state which makes treatment problematic. The note goes on to indicate that differentiation between organic and nonorganic signs are blurred leading to a chronic functional disability state. The treatment plan recommends psychiatric consultation within the patient's medical provider network. Additionally, psychological interventions such as cognitive behavioral therapy are recommended. An MRI dated April 8, 2013 identifies L4-L5 facet arthropathy and broad posterior 4 millimeter L3-L4 disc protrusion with borderline acquired central canal spinal stenosis. There is also a posterior disc bulge at L4-L5. A psychiatric consultation dated June 12, 2013 indicates that the patient previously underwent radiofrequency ablation procedures which were not helpful. A surgeon recommended that spinal fusion should be performed after the patient loses weight and addresses anxiety/depression complaints. It appears the patient and received psychological treatment. Diagnoses included depressive disorder and pain disorder. The treatment recommendation includes referral to an interventional pain clinic for medication prescription and possible injections. Additionally, medications and weight loss are recommended. A progress report dated August 13, 2013 includes subjective complaints of low back pain that radiates down both legs. The pain is rated at 8/10 on the numeric rating scale. The pain is relieved with use of medication and was relieved with previous injections. The patient also feels numbness and weakness in both legs. The note goes on to indicate that radiofrequency ablation did not provide any relief of her complaints. Physical examination reveals tenderness to

palpation over the lumbosacral spine with normal range of motion, normal strength, and normal sensation. The diagnosis includes probable lumbar discogenic pain. The treatment plan indicates that the patient has likely discogenic pain as a result of her L3-4 and L4-5 disc desiccation and annular tears. She has failed extensive conservative treatment and is potentially a surgical candidate for lumbar fusion should the diskogram confirmed discogenic pain at L3-4 and L4-5. The request therefore is for a diskogram at L2-3, L3-4, L4-5, and L5-want to confirm discogenic pain. The note goes on to indicate that the patient has failed medications, injections, radiofrequency ablation, rest, home exercises, and physical therapy. The note goes on to indicate that the patient is psycho socially prepared and continues to treat with a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCOGRAM AT L2-L3, L3-L4, L4-L5, AND L5-S1: Upheld

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

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, Discography.

Decision rationale: Regarding the request for discography at L2-3, L3-4, L4-5 and L5-S1, the Occupational Medicine Practice Guidelines state discography 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, discography 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. (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.); is a candidate for surgery; has been briefed on potential risks and benefits from discography and surgery. Within the medical information made available for review, there is documentation of back pain of at least three months duration, failure of conservative treatment, and the patient is considered a candidate for surgery. However, there is no documentation of satisfactory results from a detailed psychosocial assessment and the patient has been briefed on potential risks and benefits from discography and surgery. Previous psychological assessments have pointed out some red flags for the use of interventions such as discography ("psychological state which makes treatment problematic" and "differentiation between organic and nonorganic signs are blurred"), and these issues have not yet been addressed. In the absence of clarity regarding those issues, the currently requested discography at L2-3, L3-4, L4-5 and L5-S1 is not medically necessary.