

<b>Case Number:</b>	CM13-0026915		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 44-year-old female who reported an injury on 04/18/2007. The injured worker underwent an anterior and posterior lumbar spine fusion of L5-S1 on 01/22/2010 and a left T7-8 microscopic hemilaminectomy, medial facetectomy formation, and microdiscectomy on 06/19/2012. The mechanism of injury was the injured worker was lifting a helium tank out of a trunk and twisted, noting an immediate onset of pain in her low back. The injured worker underwent a discogram and then subsequent surgery. Other therapies included physical therapy. The injured worker underwent x-rays of the lumbar spine on 11/07/2013 which revealed there was a solid intervertebral graft at L5-S1 and 2 posterior lateral rods and screw cages and some osteolitis. There was retrolisthesis of L4 on L5. The injured worker was status post 360 lumbar arthrodesis with interference screws. The documentation indicated the injured worker underwent a CT scan of the lumbar spine on 11/06/2013 which revealed an L5-S1 posterior spinal fusion with no evidence of hardware compromise. The documentation of 11/19/2013 revealed the injured worker had complaints of low back pain radiating into the lower extremities with numbness and tingling. The injured worker had a facet block 4 weeks prior to the office visit which had not helped her symptomatology significantly. The physical examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles from the mid to distal lumbar segments. There was pain with terminal motion. The seating nerve root test was positive. There was dysesthesia at the L5-S1 dermatome. Diagnoses included status post L5-S1 360 lumbar arthrodesis, retained symptomatic lumbar spinal hardware, rule out junctional level pathology L4-5 with instability and upper motor neuron signs rule out spinal cord central nervous compromise. The injured worker was injected with vitamin B12 complex and Toradol. The treatment plan included consideration for further lumbar spine surgery and an updated MRI of the lumbar spine to rule out junctional pathology level. The physician documented the

diagnostic test was necessary when the injured worker had lumbar spine pain with leg pain and numbness lasting longer than 4 to 6 weeks. The subsequent documentation dated 02/04/2014 revealed the injured worker had some minimal junctional pathology at L4-5 per MRI. The physical examination of the lumbar spine revealed pain and discomfort over top palpable hardware as well as in the lumbosacral junction. There was some reproducible symptomatology with transient symptoms into the lower extremities. The treatment plan included a surgical request for an L5-S1 removal of lumbar spinal hardware with inspection of fusion mass, nerve root exploration, and possible regrafting of pedicle screw holes. There was no Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **OUTPATIENT DISCOGRAM LUMBAR SPINE: Upheld**

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

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

**Decision rationale:** The American College of Environmental Medicine indicates that the use of discography should be reserved injured workers who have had back pain of at least three months duration, have a failure of conservative treatment, who have had a detailed psychosocial assessment, are a candidate for surgery and who have been briefed on potential risks and benefits from discography and surgery. The clinical documentation submitted for review indicated the injured worker had back pain of at least 3 months in duration. There was a documented failure of conservative treatment and was a surgical candidate. However, there was a lack of documentation indicating the injured worker had a detailed psychosocial assessment. The request as submitted failed to indicate the level for the requested discogram. Given the above, the request for outpatient discogram lumbar spine is not medically necessary.