

<b>Case Number:</b>	CM13-0041385		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	02/28/2000
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 52-year-old female who reported an injury on 11/13/1999 due to an unspecified mechanism of injury. Her diagnoses included left cervical radiculopathy, facet arthropathy, sacroiliac joint dysfunction, and left lumbar radiculopathy. Her past treatments included medications, home exercises, moist heat, stretches, and lumbar epidural steroid injections. Diagnostic studies included a lumbar spine MRI performed on 06/26/2013 revealing predominant discogenic spondylosis of the L3-4, L4-5, and L5-S1. There is also an indication of mild right foraminal narrowing at the L3-4 and L4-5 with left foraminal narrowing at L5-S1. On 09/20/2013, the injured worker complained of cervical area pain, bilateral upper extremities pain, lower back pain, bilateral lower extremities pain radiating more on the left, and left buttock area pain. Her pain assessment included to be 10/10 on a bad day and 10/10 on a good day; the pain always remains the same and constant. The physical examination revealed the lumbar exam showed severe tenderness over the lower lumbar facet joints. Her range of motion was noted to be extension at 5 degrees, normal flexion, forward flexion 60 degrees, hyperextension 15 degrees, right lateral bend 15 degrees, left lateral bend 15 degrees, and positive fabere and Patrick's test for the left S1 joint. Motor strength was noted to be normal with a decrease in the deep tendon reflexes and sensation. Her medications included ibuprofen 800 mg twice a day as needed, Lidoderm 5% patch every 12 hours, Voltaren 1% gel once a day, and Synthroid without a frequency or dosage indicated. The treatment plan included continuation of medications, continuing home exercises, moist heat, stretches, a referral for a lumbar provocative discogram at the L3-4, L4-5, and L5-S1 due to the severity of pain and failure of conservative treatments. Requests were received for lumbar provocative discogram at 3 levels: L3-4, L4-5, and L5-S1 and CT of the lumbar spine without contrast to be done immediately after the discogram. A Request for Authorization form was received on 09/26/2013 for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar provocative discogram at 3 levels: L3-4, L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

**Decision rationale:** The request for lumbar provocative discogram at 3 levels: L3-4, L4-5, and L5-S1 is not medically necessary. According to the California MTUS/ACOEM Guidelines, imaging studies have unequivocal objective findings that identify specific nerve compromise of the neurological examinations and are sufficient evidence to warrant imaging in patients who have not responded to treatment and who would consider surgery as an option. However, when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Furthermore, when considering discography, patients need to meet certain criteria to include: back pain of at least 3 months in duration, failure of conservative treatment, satisfactory result from detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risk and benefits from discography and surgery. The injured worker is noted to have lumbar radiculopathy and complaints of extreme lumbar pain rated 10/10. The injured worker has met some of the criteria: with back pain at least 3 months in duration and failure of conservative treatments. However, the documentation failed to show evidence of a satisfactory result from a detailed psychosocial assessment or a recommendation for surgery; therefore, the request is not supported by the guidelines. As such, the request for lumbar provocative discogram at 3 levels: L3-4, L4-5, L5-S1 is not medically necessary.

**CT of the lumbar spine without contrast to be done immediately after discogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, table 12-8, summary of recommendations for evaluating and managing low back complaints.

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

**Decision rationale:** The request for CT of the lumbar spine without contrast to be done immediately after discogram is not medically necessary. According to the California MTUS/ACOEM Guidelines, imaging studies have unequivocal objective findings that identify specific nerve compromise of the neurological examinations and are sufficient evidence to warrant imaging in patients who have not responded to treatment and who would consider surgery as an option. However, when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study.

Furthermore, when considering discography, patients need to meet certain criteria to include: back pain of at least 3 months in duration, failure of conservative treatment, satisfactory result from detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risk and benefits from discography and surgery. The injured worker is noted to have lumbar radiculopathy and complaints of extreme lumbar pain rated 10/10. The injured worker has met some of the criteria: with back pain at least 3 months in duration and failure of conservative treatments. However, the documentation failed to show evidence of a satisfactory result from a detailed psychosocial assessment or a recommendation for surgery; therefore, the request is not supported by the guidelines. As such the request for CT of the lumbar spine without contrast to be done immediately after discogram is not medically necessary.