

<b>Case Number:</b>	CM13-0045198		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 48 year old female whose date of injury is 12/07/2011 while performing her usual and customary job duties which included lifting totes and pulling crates. She has multiple complaints including chronic low back pain and left shoulder pain. The injured worker has been treated conservatively with medications, physical therapy, epidural steroid injections and lumbar facet medial branch blocks without significant improvement. MRI of the lumbar spine was performed on 03/19/13. No radiology report was submitted for review, but MRI was noted to show degenerative disc disease at L2-3, L3-4, L4-5 and L5-S1. Electrodiagnostic testing was done on 03/26/12. Again no official report was provided, but EMG findings were noted as consistent with a lumbosacral plexopathy and L5 and S1 radiculopathy. An orthopedic QME dated 08/08/13 opined that the injured worker was not permanent and stationary and was in need of spinal surgery consultation. The injured worker was seen on 09/27/13 with complaints of persistent pain the low back and left shoulder. Objective findings noted increased tenderness to palpation to the lumbar spine with muscle spasm noted to the left paralumbar musculature. Range of motion revealed flexion is 30 degrees; extension 10; and left and right lateral flexion 15. Straight leg raise was positive; positive Kemp's test. The injured worker was recommended to proceed with lumbar discogram at L2-3, L3-4, L4-5 and L5-S1. The request for lumbar discogram was non-certified by utilization review dated 10/30/13, and non-certification upheld following peer-to-peer on 11/01/13. The reviewer noted that ACOEM does not support discography as a preoperative indication for spinal fusion. It was also noted that although the second surgical opinion was submitted, no MRI reports or other surgeon's evaluations were submitted. Furthermore, no psychosocial evaluation was documented indicating that the injured worker is an appropriate candidate for discogram.

## **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): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discography.

**Decision rationale:** Per ACOEM guidelines, lumbar discography is not supported as a preoperative indication for fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value. If discography is to be performed despite this, it should be reserved for patients who meet the following criteria: back pain of at least three months duration; failure of conservative treatment; satisfactory results for a detailed psychosocial assessment; candidacy for surgical intervention; and briefing on the potential risks and benefits of the procedure. In this case, there were no clear surgical indications, specific clinical rationale or imaging evidence of lumbar spine pathology provided, and no preoperative psychosocial evaluation was documented clearing the injured worker to proceed with discography. As such, medical necessity has not been established for the proposed multilevel lumbar discogram. It should also be noted that per ODG guidelines, discography should be limited to one level and one control level but the request in this case is for three levels with one control level.