

<b>Case Number:</b>	CM14-0000945		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/26/1998
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational Medicine 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:

The patient is a 62-year-old male who was injured on 08/26/1998 when he fell on carpeting and hit his bone. Prior treatment history has included the patient undergoing bilateral L3-4, L4-5 and L5-S1 laminoforaminotomy, bilateral L3-4, L4-5 and L5-S1 microdiscectomy and nerve decompression with extensive neurolysis and intradiscal stem cell injection and therapy at L3-4, L4-5 and L5-S1 on 05/14/2013. The diagnostic studies reviewed include a series of trigger point impedance imaging being done, which all reveal ten clinically relevant trigger points, which are consistent with lumbar spine and myofascial pain syndrome. An MRI (magnetic resonance imaging) of the lumbar spine dated 05/17/2013 revealed there are postoperative changes consistent with laminectomies at L3-L4, L4-5 and L5-S1. MRI of the lumbar spine w/o contrast dated 11/08/2013 revealed the following: 1) 3 mm degenerative disc bulge and marked hypertrophy of the facets bilaterally with hypertrophy of ligamentum flava at L5-S1 causing moderate narrowing of the thecal sac. There is moderate right and severe left neural foraminal narrowing. 2) Status post laminectomy at L4-5. There is a 1-2 mm broad-based disc protrusion. There us severe hypertrophy of the facets and ligamentum flava causing moderate spinal stenosis. There is a severe right and mild to moderate left neural foraminal narrowing. 3) 1-2 mm broad-based disc protrusion eccentric to the left L3-4). There is moderate hypertrophy of the facets and ligamentum flava with mild narrowing of the spinal canal. Progress note dated 11/18/2013 documented the patient with complaints of severe mechanical axial back pain, which is bothering him on a daily basis making his functionality very difficult. He has mild numbness down the left lateral thigh. The diagnoses are disc herniations L3 through S1, and significant discogenic changes, endplate changes, disc deterioration L3 through S1 and milder discogenic changes at L2-3. The discussion and plan include: the patient has undergone extensive conservative care for this problem including physical therapy, acupuncture, medication

management and chiropractic manipulation and behavioral modification. He also has had multiple rounds of injectional therapy. At this point he has not had facet joint injections. The request is for the authorization for an L2 through S1 discogram to assess the most symptomatic discogenic levels. Utilization review report dated 12/10/2013 denied the request for spine disc x-ray of L2-S1 discogram because recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion. The Official Disability Guidelines (ODG) is more definitive: "Not recommended. In the past, discography has been used as a part of the perioperative evaluation of patients for consideration of surgical intervention for lower back pain.

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

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

#### **INJECT FOR SPINE DISK X-RAY / L2-S1 DISCOGRAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,304-305,308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Facet Joint Intra-Articular Injections (therapeutic blocks), Facet Joint Diagnostic blocks (injections), Discography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Discography.

**Decision rationale:** According to CA MTUS guidelines, the recent studies do not support discography for preoperative evaluation for either intradiscal electrothermal (IDET) annuloplasty or fusion. The medical records justify the request of the discogram as to assess the most symptomatic discogenic level. The guidelines state; "discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value." The Official Disability Guidelines (ODG) states that discography is not recommended. Therefore, Inject for spine disc X-ray/ L2 - S1 discogram is not medically necessary.