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| <b>Case Number:</b>   | CM14-0010704 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 07/23/2012 |
| <b>Decision Date:</b> | 08/04/2014   | <b>UR Denial Date:</b>       | 01/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/27/2014 |

### 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 Orthopedic Surgery 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 43-year-old male patient with a 7/23/12 date of injury. The patient injured his back while bending over to weld an item. The 10/2/13 progress report indicates persistent low back pain and knee pain. Physical exam demonstrates lumbar hypolordosis and spasm, positive trigger points, lumbar tenderness, positive straight leg raise test on the left, decreased range of motion and strength. 11/6/12 lumbar x-rays demonstrated narrowed disk space between L4-5 and neural foraminal narrowing between L4-5 and L5-S1. 9/13/12 lumbar MRI demonstrated, and L4-5, a right paracentral disk extrusion contacting the transiting L5 nerve roots bilaterally, severe spinal canal stenosis, lateral neural foraminal narrowing, right greater than left. Treatment to date has included medication, epidural steroid injections, physical therapy, activity modification. 12/11/14 supplemental report indicates that the patient is considered for lumbar fusion surgery versus repeat laminectomy. 11/12/14 lumbar MRI demonstrates, right laminectomy defect at L4- 5, and asymmetric disk bulge at L4-5 extending into the right intraforaminal region encroaching on the exiting right L4 nerve root. The patient underwent lumbar laminectomy in 2013. Progress reports throughout 2013 indicated ongoing low back pain. There is documentation of a previous 1/29/14 adverse determination for lack of psychological clearance; and a high rate of false positives following previous lumbar laminectomy with discectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR DISCOGRAM L4-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**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:** MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. In addition, ODG states that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. However, there is no evidence that the patient would meet surgical fusion criteria. There is no documentation of psychological clearance for the procedure. Discography is not recommended to establish indications for fusion. In this case, the patient underwent previous laminectomy and discectomy at the proposed levels; studies have shown higher false positive rates in this setting. It is unclear whether discography is considered to rule in or rule out potential fusion levels. Therefore, the request for Lumbar Discogram L4-S1 is not medically necessary.