

<b>Case Number:</b>	CM14-0010728		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/19/2013
<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:

The patient is a 50 year old female who was injured on 03/10/2010 when she slipped and fell on baking powder that was on conveyor/floor. She had immediate lower back pain and radiating pain and paresthesias into her lower back. Prior treatment history has included the patient having a lumbar discogram and bilateral carpal tunnel release. She had physical therapy, home exercise program, medications, as well as shoulder injection. Her medications consist of: 1. Cymbalta 60 mg 2. Soma 350 mg 3. Topamax 25 mg 4. MS Contin 15 mg 5. MS Contin CR 30 mg 6. Norco 10-325 mg 7. Navigil 150 mg Diagnostic studies reviewed include an EMG dated 11/18/2013 revealing there is electrodiagnostic evidence for an acute and chronic left L5 radiculopathy and a chronic S1 radiculopathy. An MRI of the lumbar spine dated 11/10/2008 revealed the following findings: T11-12 there is minimal spondylosis. T12-L1, L1-L2, L2-L3 there are no abnormalities. L3-L4 there is annular tear with associated 2-3 mm disc bulge or herniation, there is only minimal foraminal stenosis. L4-L5 no abnormalities. L5-S1 disc desiccation is noted. There is a central annular tear and focal disc bulge of approximately 3-4 mm. Progress note dated 12/11/2013 documented a discussion with [REDACTED], spine surgeon, regarding the discogram findings and the EMG/NCV. At this time we are in agreement that the patient should undergo an updated discogram. The findings are consistent with pathology at the L5-S1 level, but the L3 disc is in question also and this needs clarification on prior to pursuing surgery. Diagnoses: 1. Lumbar radiculopathy 2. Spinal/lumbar degenerative disc disease 3. Lumbago 4. Thoracic or lumbosacral neuritis or radiculitis 5. Sprain of muscle 6. Neuralgia, neuritis or radiculitis Treatment Plan: Request authorization for lumbar discogram L3-4, L4-5 and L5-S1. UR report dated 12/19/2013 denied the request for lumbar discogram L3-4, L4-5 and L5-S1. Documentation identifies the patient had previously undergone lumbar discogram; however the report is not provided for review and it is unclear what date this

occurred. Documentation does not contain surgical evaluation suggesting that the patient is being considered for fusion. The medical necessity of lumbar discogram at L3-4, L4-5 and L5-S1 is not supported, and the request is recommended for non-certification.

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

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

#### **LUMBAR DISCOGRAM L3-4, L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), Discography

**Decision rationale:** As per CA MTUS/ACOEM guidelines, "diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery." As per ODG, discography is "Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion." In this case, there is documentation that the patient had prior discogram; however, the results are not available in the records. Also, there is documentation that the provider requested an updated discogram for clarification prior to pursuing surgery, but it is unclear what type of surgery is in consideration. Additionally, there is no documentation that a detailed psychological assessment was performed prior to undergo discography as required by the ACOEM and ODG. Finally, the records available for review lack documentation of patient's current subjective and physical findings to determine if the request of lumbar discogram is medically appropriate. Thus, the request is not medically necessary.