MAXIMUS Federal Services

| Case Number: | CM14-0018041 | | |
|---|---|---|---|
| Date Assigned: | 04/16/2014 | Date of Injury: | 10/22/2007 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 presented with a date of injury of 10/22/07. A utilization review determination dated 1/13/14 recommends non-certification of lumbar discogram and CT scan post discogram. An MRI of the lumbar spine was certified. It noted that the doctor's report identified a plan for an initial MRI and then considerations for CT, CT discography, or other investigations for possible future surgery. There was apparently a discussion with the doctor's assistant, who confirmed that initial MRI would be satisfactory with additional studies dependent upon the outcome of that study and documented need. The 1/19/13 medical report identifies a history of L5-S1 microdiscectomy in 2003 and multiple spinal injections, mostly epidurals, as well as physical therapy, swim therapy, medications, chiropractic care, TPIs, and TENS. The patient has constant low back pain, mostly axial, with some radiation into the buttock, posterolateral thighs, and intermittent burning to the heels. She presented with a 4-year-old MRI and no x-rays. On exam, there is some limited ROM and slight L5-S1 hypesthesia. X-rays reveal a 4.13 mm retrolisthesis at L2-3. The provider recommended pursuing an updated MRI scan, noting that it ultimately may require selective injection studies or even possibly lumbar discography and post discogram CT, and would have to be performed probably at least four of the lumbar segments or proximal enough to identify a non painful control disc segment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR DISCOGRAM OF LUMBAR 4 AND 5 SEGMENTS:** 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).

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

**Decision rationale:** The MTUS states that discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. Despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: back pain of at least three months duration; failure of conservative treatment; satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.); is a candidate for surgery; has been briefed on potential risks and benefits from diskography and surgery. Within the medical information made available for review, it is noted that the recommendation from the provider and the prior utilization reviewer was to perform the MRI before consideration of additional studies, and the MRI was previously certified. Furthermore, there is no documentation of satisfactory results from a detailed psychosocial assessment. In light of the above issues, the currently requested lumbar discogram of lumbar 4 and 5 segments is not medically necessary and appropriate.

**CT SCAN POST DISCOGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for CT SCAN POST DISCOGRAM, the discogram is not medically necessary and, as such, the CT SCAN POST DISCOGRAM is also not medically necessary.