

<b>Case Number:</b>	CM14-0115241		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Anesthesiology, 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 injured worker is a 25 year old male who sustained an injury on 05/04/10 when he broke through a roof developing complaints of low back pain. The injured worker is noted to have had a lumbar fusion completed in September of 2012 at L5-S1. Prior treatment for the injured worker has included epidural steroid injections as well as physical therapy that was not beneficial in reducing the injured worker's pain. There was concern regarding the development of symptomatic adjacent level disease at L4-5. The injured worker was recommended for lumbar discography at L3-4 and L4-5 to determine if the L4-5 segment was symptomatic. None of the injured worker's prior imaging studies were available for review. There was no pre-discogram psychological consult available for review. The requested discogram at L3-4 as well as L4-5 followed by computed tomography was denied by utilization review on 06/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram L3-L4 and L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Discography.

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

**Decision rationale:** Per current evidence based guidelines, discography is not a recommended procedure as the relevant segment of the medical literature does not support the procedure and its ability to confirm pain generators that would benefit from surgical intervention. There are high quality clinical studies which question the use of discography as a method to identify symptomatic spinal segments for fusion procedures. These studies have demonstrated that the reproduction of a specific back or neck complaint on pressurized injection of the disc is of limited diagnostic value. Also, discography findings were found to not correlate well with findings on MRI. There is no indication from the records that the injured worker has exhausted all reasonable methods to determine pain generators. There is also no pre-discogram psychological evaluation available for review that rules out any possible confounding issues that would potentially impact the study outcome. Furthermore, no prior imaging studies were available for review. The request is not medically necessary.

**Computed Tomography (CT) scan of L3-L4 and L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested lumbar discography was not medically necessary. Therefore, there would be no requirement for post-discogram CT studies. As such, the request was not medically indicated.