

<b>Case Number:</b>	CM14-0132930		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Family 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:

This is a 49-year-old male who reported an industrial injury to his back on 5/3/2012, over two years ago, attributed to the performance of his usual and customary job tasks. The patient complains of pain in the lower back radiating to the bilateral legs. The objective findings on examination included diminished range of motion of the lumbar spine; tightness in the lumbar paraspinal musculature; normal reflexes; weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally; hypoesthesia noted in the anterior lateral aspect of the foot and ankle. The treatment plan included lumbar strain; HNP left lower extremity with radiculitis/radiculopathy; status post epidural injection times one with transient relief; left inguinal hernia repair on 6/15/2012. The treatment plan included a psychiatric clearance for a discogram and a discogram to the levels L3 through S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych clearance due to Disogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304; 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back chapter-discography; Pain chapter psychological evaluations

**Decision rationale:** The use of a discogram to evaluate levels of the lumbar spine for pain is not supported by evidence-based guidelines. A discogram is only utilized for specific criteria, which are not documented by the requesting physician. The non-certification of the discogram was upheld therefore, there is no medical necessity for a psychological clearance prior to the performance of a discogram.

**Lumbar spine discogram L3, L4, L5, L6 and S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304; 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back chapter-discography

**Decision rationale:** The validity of the discogram to determine the medical necessity of levels to fuse has been questioned in recent peer reviewed studies. However, if the discogram was argued to be necessary prior to the performance of an impending lumbar spine fusion and would change the actual procedure performed as well as the number of levels, there is a procedure to meet in order to obtain authorization. The discogram was requested by the requesting physician to evaluate the levels L3-S1 as the pain generator level not to determine the number of levels to fuse. The actual possible surgical intervention in this case has not been specified. The patient has not agreed to surgical intervention and a conservative treatment option was documented. The patient has not been documented to be recommended surgical intervention at this stage and it is only raised as a possibility pending further evaluation. Clearly, the use of the discogram is specifically for the diagnosis and not to determine the medical necessity of multiple fusion sites in an anticipated surgical intervention as recommended by evidence-based guidelines. The current requested discogram is not medically necessary if the patient has not agreed to pursue the surgical intervention option. The recommended criteria for the authorization of a lumbar discogram prior to surgical intervention as referenced below have not been documented by the requesting provider. The patient has not completed the necessary psychological/psychiatric evaluation to allow for the authorization of the discogram and the contemplated surgical intervention with a possible lumbar spine fusion. The submitted medical records do not document the criteria recommended by the ACOEM Guidelines and the Official Disability Guidelines for the authorization of a lumbar discogram. The use of the discogram for a diagnosis is not recommended by evidence-based guidelines. The ACOEM Guidelines and the Official Disability Guidelines recommend lumbar discograms in cases of back pain of more than three months duration; to determine whether surgical intervention is not indicated; and as confirmation of the levels for spinal fusion. Discography should not be ordered for a patient who does not meet surgical criteria. The provided clinical documentation did not demonstrate evidence of ongoing conservative therapy or all of the criteria recommended by the ACOEM Guidelines and the Official Disability Guidelines for the authorization of a discogram even though it is not recommended. The request is not medically necessary and appropriate.

