

<b>Case Number:</b>	CM14-0174500		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	10/22/2014

### 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 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 28 year-old patient sustained a low back injury on 8/8/12 when his truck hit a bump while employed by [REDACTED]. Expedited request under consideration includes CT Discogram of Lumbar Spine. Diagnoses include Lumbar Sprain. Recent MRI of Lumbar Spine dated 5/31/14 showed 3 mm disc protrusion at L4-5, unchanged compared to a previous study. Recent EMG/NCV of 6/4/14 had normal findings without neuropathy or radiculopathy. Conservative care has included medications, therapy, and modified activities/rest. The patient had been evaluated by a spine surgeon who recommended lumbar fusion (no authorization provided). Report of 9/5/14 from the general practice provider noted continuing appeal of denied care. The patient has ongoing unchanged chronic low back symptoms, increasing with bending, twisting, lifting or prolonged standing activities. Pristiq caused nausea and the patient is also utilizing Hydrocodone. Exam showed patient "standing in room; was able to lean forward and lean on the exam counter; the patient states he avoids extension; however, with intact motor strength in lower extremity; he is ambulatory." Diagnosis was Lumbar Sprain. The patient remained not working. There is an Orthopedic Panel QME report dated 8/8/14 with evaluator's review noting previous recommendation for P&S status in September 2013, previously discussed. The patient continued with persistent pain with recommended discogram denied. Re-evaluation in May 2014 reports persistent back pain with interest in surgical option; however, exam was essentially unremarkable with intact neurological exam. The updated MRI of 5/31/14 showed no significant interval change compared to study of September 2013. There is negative EMG study and evidence of small central herniated nucleus pulposus on MRI. The QME opined, "I do not believe that he is a surgical candidate. I certainly do not support discogram because they do not really offer any conclusive objective data." The patient remained P&S. The

expedited request for CT Discogram of Lumbar Spine was non-certified on 9/23/14 citing guidelines criteria and lack of medical necessity.

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

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

#### **CT Discogram of Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

**Decision rationale:** Discography is frequently used prior to spinal fusions and certain disk related procedures. There is significant scientific evidence that questions the usefulness of discography in those settings. While recent studies indicate discography to be relatively safe and have a low complication rate, some studies suggest the opposite to be true, with significant symptoms exhibited for years post-procedure. In any case, clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of symptoms, and, therefore, directing intervention appropriately. Per Guidelines for CT Lumbar Discogram, recent studies on discography do not support its use as a preoperative indication for either Intradiscal Electrothermal (IDET) annuloplasty or fusion as it does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected, is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. However, Discography may be used where fusion is a realistic consideration, and despite the lack of strong medical evidence supporting it, discography should be reserved only for patients who meet the criteria to include failure of conservative treatment, candidacy for lumbar fusion from instability, and cleared detailed psychosocial assessment, of which has not been demonstrated from the submitted reports. Submitted reports have not adequately demonstrated support for the discogram outside the recommendations of the guidelines. The CT Discogram of Lumbar Spine is not medically necessary and appropriate.