

<b>Case Number:</b>	CM14-0051115		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Orthopedic Spine Surgery, and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 04/22/2011. The specific mechanism of injury was not provided. The surgical history included a lumbar fusion in 2004 and laminectomy and a disc replacement in 2001. The injured worker was noted to have an MRI of the lumbar spine without contrast on 01/14/2014, which revealed at L4-5 there were postsurgical changes of the anterior interbody fusion with solid anterior bony fusion and stable left posterior hardware with pedicle screws and laminectomy. There was a 5 mm bulky osteophyte and thecal sac effacement from scarring narrowing the left lateral recess, which may contact the traversing left L5 nerve root. These findings were not significantly changed from the prior study. At the level of L5-S1, there were postsurgical findings of a laminectomy with decompressed central canal. There was a 1 mm right disc protrusion with a high intensity zone/annular fissure appearing new from a prior study. At the level of L2-3 there was a 4 mm left posterolateral to foraminal disc osteophyte complex narrowing the left lateral recess with possible contact of the traversing left L3 nerve root with mild central canal narrowing mildly progressed from the prior study. There was a stable mild left neural foraminal narrowing. At the level of L1-2, there was a 4 to 5 mm left posterolateral disc protrusion that narrowed the left lateral recess and may contact the traversing left L2 nerve root not significantly changed. The injured worker was noted to undergo a mechanical lysis of epidural adhesion and a lumbar epidural steroid injection on 02/04/2014. The documentation of 03/24/2014 revealed the injured worker injured his back as he was fixing a lapping machine. The injured worker indicated he had back pain and the left foot was numb and weak. The treatment included 2 courses of physical therapy, which were aborted due to worsening pain. The injured worker was noted to have 4 to 5 epidural steroid injections. The medications included Vicodin, nabumetone, and Flexeril. The physical examination revealed the injured worker had positive nerve stretch findings bilaterally.

There was subjective numbness in the S1 distribution. There was a negative ankle jerk. The injured worker could toe and heel walk, but it was painful. The injured worker had a painful demeanor. The injured worker had a flattened lumbar lordosis. The injured worker had decreased range of motion with guarding. There was noted to be mild disc degeneration at L2-3, L3-4, and S1-2. The impression included a probable adjacent segment disease, although the MRI was unrevealing. The injured worker was noted to have a great result with a fusion at L4-5 and on a more likely basis; he wore out a disc above or below the work injury. The documentation indicated the MRI was not diagnostic and the recommendation was made for a discogram. The physician opined the discogram would be warranted due to the injured worker's failure to improve, and the lack of negative prognosticators including depression. There was no Request for Authorization form submitted for review.

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

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

**L2-3, L3-4,L5-S1 Discogram:** Upheld

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

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that discography should be reserved for injured workers who have back pain of at least 3 months in duration, have a failure of conservative treatment, have satisfactory results from a detailed psychosocial assessment, is a candidate for surgery, and who has been briefed on potential risks and benefits from discography in surgery. The clinical documentation submitted for review indicated the injured worker had continued back pain. It was indicated the injured worker had failed conservative treatment. However, there was a lack of documentation indicating the injured worker underwent a detailed psychosocial assessment. Additionally, there was a lack of documentation indicating the injured worker was a candidate for surgery. Given the above, the request for L2-3, L3-4,L5-S1 Discogram is not medically necessary.