

<b>Case Number:</b>	CM14-0083785		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker on May 22, 2003 sustained injuries to his right shoulder, neck, upper extremities and lumbar spine when his feet got trapped between the tires as he was getting down from a tractor. An MRI on June 3, 2013 demonstrated a disc protrusion at L5-1 S1 resulting in mild canal and mild to moderate bilateral foraminal stenosis. There was also a small disc protrusion at L4-5 but no significant canal or foraminal stenosis at that level. At a visit with his primary treating physician on July 8, 2014 he reported neck pain at 7/10 on the pain scale and low back pain 9/10. His pain was exacerbated with standing, leaning forward, bending forward, lying on his stomach, and walking. His pain medications included Norco, Prilosec, Flexeril and Voltaren. Physical examination revealed severe difficulty with his gait. He presented in a wheelchair. He had tenderness to palpation about the cervical and lumbar paraspinal musculature. He had decreased cervical range of motion. The primary treating physician's progress report on July 8, 2014 stated "The patient was recently authorized for a CT discogram". The report also stated, "The patient awaits authorization for a pain psychology consultation." The worker desired of surgery for his lumbar spine and consideration was being given to an L5-S1 fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Psychological consultation for discogram clearance: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar and Thoracic: Diskography.

**Decision rationale:** The Occupational Medicine Practice Guidelines do not recommend diskography and state that recent studies on diskography do not support its use as a preoperative indication for either intradiskal electro thermal annuloplasty or fusion. The guidelines however also state that diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. The guidelines further state that 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: 1) back pain of at least 3 months duration, 2) failure of conservative treatment, 3) satisfactory results from detailed psychosocial assessment, 4) is a candidate for surgery, 5) has been briefed on potential risk and benefits from diskography and surgery. The Official Disabilities Guidelines clearly state that diskography is not recommended. Although the Occupational Medicine Practice Guidelines and the Official Disabilities Guidelines do not recommend diskography, they do provide criteria to be met if both the payer and provider agree to proceed with diskography anyway, which is apparently the case according to the primary treating physician's statement "the patient was recently authorized for a CT diskogram". Since one of the criteria for a diskogram requires psychosocial assessment, then a psychological consult is necessary.