

<b>Case Number:</b>	CM14-0087553		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/13/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 46-year-old male who reported an injury on 03/13/2009 due to cumulative trauma. Diagnoses were chronic low back pain status post L5-S1 arthrodesis, lumbar disc disease, L3-4 and L4-5, cervicalgia status post cervical disc replacement, C5-6, and C6-7. Past treatments were not reported. Diagnostic studies were MRI 09/2013 that revealed degenerative changes in the lumbar spine, worse at L3-4 and L4-5. There was evidence of posterior fusion at the L5-S1 with rods and pedicle screws as well as a disc spacer. There were some hardware artifacts. L3-4 demonstrated a disc bulge with mild narrowing of the central canal and neural foramen. Similar findings were noted at the L4-5 level. A CT of the lumbar spine with myelogram 08/2012 revealed discectomy with prosthesis at the C5-6 and C6-7. There was straightening of cervical lordosis. There were degenerative changes of the lumbar spine with some foraminal narrowing at the L3-4, right more than left. Physical examination on 06/03/2014 revealed complaints of ongoing back pain and ongoing neck pain. The injured worker reported that the pain radiated into his hips, and sometimes down the legs, especially on the right. He reported the pain was constant and worse with activities. It was also reported that there was occasional numbness and tingling in the right leg as well. Examination of the cervical spine revealed pain with cervical range of motion, with extension as well as rotation, right more than left. Examination of the lumbar spine revealed focal tenderness, mostly on the right side, over the superior iliac crest, as well as at approximately the L3-4 and L4-5 levels. Medications were not reported. Treatment plan was for discography and CT scan of the lumbar spine. The rationale was discography can be a useful tool provided strict criteria are adhered to. Specifically, low pressure discography has been demonstrated to be of diagnostic value. In this regard, the patient fits the criteria for discography, as a specific pain generator at this point in time is still lacking. The Request for Authorization was submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-CT scan.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305; 296-297.

**Decision rationale:** The request for CT Scan lumbar spine is non-certified. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12 7). Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Because the overall false positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great.] for bony structures). Unique symptoms to look for are nonspecific low back and leg pain and leg pain worse with activity (pseudoclaudication). Unique signs to look for are straight leg raising test that is negative, and symptoms reproduced by patient's sustained hyperextension of spine while standing. Also a straight leg raising test may be positive if performed immediately after patient has exercised. The injured worker does not meet the criteria set forth by guidelines. Therefore, the request is non-certified.

**Lumbar Discogram L2-3, L3-4, L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Low Back Procedure Summary.

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

**Decision rationale:** The request for Lumbar Discogram L2-3, L3-4, L4-5 is non-certified. Recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography 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. Tears may not correlate anatomically or temporally with symptoms. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. 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: back pain of at least three months duration, failure of conservative care, satisfactory results from detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from the discography and surgery. The injured worker has not had a psychosocial assessment. Therefore the request is non-certified.