

<b>Case Number:</b>	CM14-0116055		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

### 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 patient is a 34 year old male with a work injury dated 1/12/10. The diagnoses include status post L5-S1 fusion with residual pain; lumbar radiculopathy; coccydynia. Under consideration is a lumbar discogram. Under consideration is a request for a lumbar discogram at L4-5. The patient is status post posterior spinal fusion at L4-5 and L5-S1 with interarticular process and interfacet interspinal fusion utilizing autograft; allograft and iliac crest stem cell aspirate on 3/3/12. A 4/18/14 CT of the lumbar spine revealed no evidence of vertebral body fracture, subluxation or scoliosis. The L5-S1 disc level demonstrates a disc osteophyte complex, disc spacer eccentric to the left, and scar type tissue In the left subarticular zone and left neural foramen that contribute to left sided foramina I narrowing which may implicate impingement upon and/or irritation of the left L5 dorsal root ganglion and for which clinical. correlation may be of benefit. Laminectomy is identified at this /level decompressing the spinal canal.3. Bilateral transpedicular screws and vertical uniting rod connectors are identified at L5-S1 without evidence for hardware compromise, periprosthetic osteolysis, periprosthetic fracture, or subsidence. Osseous fusion is identified involving the bilateral posterior elements of L5-S1. A 4/18/14 lumbar MRI revealed no evidence of hardware compromise. Disc degenerative changes are present including disc fissuring, dessication, loss of disc height and osteophytosis contributing to mild foraminal narrowing. Scar changes are about the L5 dorsal root ganglion. The T12-L1; L1-2; L2-3; L3-4 and L4-5 disc levels are unremarkable. There is a 4/14/14 neurosurgical report that states that since the patient was last seen in Jan. 2014 he continued to utilize symptomatic medications. He complains of continued and increasing pain and stiffness to

the lumbar spine radiating down the legs with numbness/tingling. The patient complains of persistent coccyx pain. The patient is not working. The physical exam reveals normal gait. The lumbosacral spine and coccyx exam is unchanged from prior visit. A 7/23/13 operative report indicates that the patient underwent a caudal steroid injection. A 10/23/13 report indicates that the patient underwent a local steroid injection in the coccyx fracture. The document states that the physician reviewed films and notes a fracture at the tip of the coccyx. The treating physician recommends a lumbar MRI and CT of the lumbar area. The physician states that if the MRI reveals discopathy at L4-5 he requests the patient undergo a discogram of L3-4 and L4-5 to assess the association of the discopathy with the patient's pain syndrome. A 3/6/14 agreed medical evaluation document states that the patient should undergo a discogram, particularly at L4-5 with a control level to see what happens. It does not appear that he has actually had surgery at L4-5, although this has been diagnosed by his operating physician. If the discogram is positive, then one would consider extending the fusion to L4.

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

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

#### **Lumbar Discogram L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back

**MAXIMUS 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- Discography.

**Decision rationale:** Lumbar Discogram L4-L5 is not medically necessary per the MTUS ACOEM guidelines. The MTUS and the ODG state that 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. 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 treatment; satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.); is a candidate for surgery; has been briefed on potential risks and benefits from diskography and surgery. The documentation indicates that the patient has chronic pain and episodes of depression. The documentation does not indicate that the patient has had a detailed psychosocial assessment. Furthermore, the MTUS states that recent studies do not support its use as a preoperative indication for IDET or fusion. The request for lumbar discogra L4-5 is not medically necessary.

