

<b>Case Number:</b>	CM15-0000345		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 41-year-old male, who sustained an industrial injury on May 6, 2009. He had reported low back pain, which occurred when lifting a heavy object and it slipped and he squatted low to catch it and push it up which resulted in falling to his knees and a sharp pain in his back and shoulders bilaterally. A lumbar magnetic resonance imaging at the time of injury revealed slight disc bulge at the L3-L4 and increased degenerative changes in the facet joints of the L3-L4 with minimal broad-based disc bulge at the L3-4, L4-5 and L5-S1 abutting the thecal sac at the L3-4 and L4-5 but not touching the nerve roots within the spinal canal and not touching the thecal sac at the L5-S1. Treatment to date has included pain medication management, right shoulder arthroscopy, physical therapy and routine follow-ups. Currently, the IW complains of continued low back and right shoulder pain, bilateral elbows and right wrist pain. Accompanying symptoms included occasional numbness in the right hand. Current diagnoses included low back pain, intervertebral disc disease of the lumbar spine and synovitis and tenosynovitis. On December 10, 2014, the Utilization Review decision non-certified a request for a lumbar discogram with post discogram computed tomography, noting that this test is not recommended for acute, sub-acute and chronic low back pain. Discography whether performed as a solitary test or when paired with imaging is moderately not recommended for radicular pain syndromes. The references utilized for this decision was not clear but listed, as "California and other pertinent guidelines do not support the use of this test". On December 30, 2014, the injured worker submitted an application for IMR for review of a lumbar discogram with post discogram computed tomography.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**outpatient lumbar discogram at L4-L5 and L5-S1 with post discogram CT scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines low back pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back

**Decision rationale:** CA MTUS is silent on the use of discography in management of low back pain complaints. ODG addresses discography in the section on low back. ODG states that discography is not recommended, citing multiple studies demonstrating that reproduction of pain with injection of the lumbar disc is of limited diagnostic value. Additionally, positive findings on discography do not correlate well with positive outcomes from spinal fusion surgery. Also discography is not recommended by ODG, ODG does outline criteria should provider and payor agree to perform the testing despite this no-recommendation. The criteria include: 1. Back pain of 3 months duration. 2. Failure of conservative therapy including active physical therapy. 3. MRI demonstrating at least one degenerative disc and at least one normal disc to allow for internal control. 4. Satisfactory results from detailed psychosocial assessment. 5. Used as a screening tool for surgical decision making. Discography should not be performed in patients who do not meet surgical criteria. 6. Single level testing with control only. Discography is not recommended by ODG. Additionally, in this case, the medical records indicate that multiple specialists have recommended against any surgical intervention and have pursued non-surgical pain management interventions. There has been no psychosocial assessment. Outpatient lumbar discogram L4-L5, L5-S1 with post discogram CT is not medically indicated.