

<b>Case Number:</b>	CM15-0138184		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 27 year old male who sustained an industrial injury on 10/15/2012. The mechanism of injury was a fall from a ladder. The injured worker was diagnosed as having L5-S1 disc osteophyte complex, disc fissuring, axial back pain, mild spina bifida, high sacral angle and leg length discrepancy. There is no record of a recent diagnostic study but prior lumbar MRI showed posterior L5-S1 broad-based disc osteophyte complex and disc fissuring. Comorbid conditions include obesity (BMI 30.9). He continues to work but in a modified duty capacity. Treatment to date has included lumbar facet injection, lumbar medial branch block, radiofrequency neurotomy at L3-5, radiofrequency ablation at L3-5, physical therapy, TENs, epidural steroid injection and medication. In a progress note dated 6/2/2015, the injured worker complained of continued low back pain with radiation into bilateral legs (left greater than right) and bilateral muscle spasms in iliac crest region. Physical examination showed normal gait, mild weakness of left extensor hallucis longus, positive straight leg raise on the left and slightly diminished lumbar range of motion. The treating physician is requesting computed tomography discogram of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Discogram of the Lumbar Spine, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 307. Decision based on Non-MTUS Citation 1) American College of Radiology Appropriateness Criteria for Imaging for Low Back Pain: Variant 4, created 1996, recent review 20112) Pneumatics SG1, Reitman CA, Lindsey RW, Diskography in the evaluation of low back pain. J Am Acad Orthop Surg. 2006 Jan;14(1):46-55.

**Decision rationale:** Diskography is a radiologic procedure in which a radiologically opaque dye is injected into a vertebral disc. It has both an anatomic and a provocative component, thus it will show an anatomic abnormality in the disc and demonstrate whether or not the disc is the pain generator of the patient's symptoms. The ACOEM guideline is ambiguous regarding its use but does note it is a realistic consideration when surgical fusion is being contemplated. It does note that concordance of symptoms with diskography is of limited value and the procedure has produced significant symptoms in controls more than one year after the testing was completed. The American College of Radiology guideline for low back pain states that it may be an appropriate test when the patient has low back pain and/or radiculopathy and is a surgical candidate. A recent review article notes that diskography has a crucial role in evaluation of axial low back pain when surgical decision-making is required. The reason for the request for this patient was stated as a means "to look for concordant pain at the L5-S1 level." Based on the results of this study possible surgery (L5-S1 arthroplasty or artificial disc placement) was discussed. However, in this case the signs and symptoms are non-specific. Electromyography, which has also been ordered, would be significantly less invasive and may yield information describing an L5-S1 radicular injury thus lessening or withdrawing the need for diskography. Considering all the above information, medical necessity for L5-S1 diskography at this point in the care of this patient has not been established.