

<b>Case Number:</b>	CM15-0031198		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, 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 36 year old male injured worker suffered and industrial injury on 4/18/2014. The diagnoses were spinal stenosis, lumbar herniated disc, and back pain with radiation. The treatments were right knee arthroscopy, medications, and physical therapy. The treating provider reported walking with a limp with posterior discomfort in the right knee along with lower back pain radiating down the right leg 9/10. The Utilization Review Determination on 1/23/2015 non-certified Lumbar provocative discography L2-L3, L3-L4, L4-L5 x3, ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar provocative discography L2-L3, L3-L4, L4-L5 x3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back, Discography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Discography, [http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm).

**Decision rationale:** According to ODG guidelines, discography "Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. (Pain production was found to be common in non-back pain patients, pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing.) Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. Discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not allow fusion). Patient selection criteria for Discography if provider & payor agree to perform anyway: Back pain of at least 3 months duration. Failure of recommended conservative treatment including active physical therapy. An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection). Satisfactory results from detailed psychosocial assessment (discography 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). Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria. Briefed on potential risks and benefits from discography and surgery. Single level testing (with control) (Colorado, 2001). Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification." There is clinical evidence of lumbar radiculopathy. Furthermore, there is no documentation that the patient is candidate for surgery. Therefore, the request for Lumbar provocative discography L2-L3, L3-L4, L4-L5 x3 is not medically necessary.