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| Case Number: | CM15-0034399 | | |
| Date Assigned: | 03/02/2015 | Date of Injury: | 11/08/2012 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 01/23/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39-year-old male sustained a work related injury on 11/08/2012. According to a progress report dated 01/12/2015, the injured worker had a 20-year history of episodic low back pain, which had become waxing and waning low back pain and leg pain over the past few years. Pain in the leg was mostly in the right hamstring and there was stabbing pain in the bottom of the right foot. He reported numbness in the toes of the left foot. An epidural steroid injection reduced the symptoms to where he was able to function throughout the day but was not able to participate in any activities. MRI of the lumbar spine dated 08/12/2014 revealed L5-S1 disc degeneration with loss of disc height. There was an annular fissure at the disc. There was evidence of bilateral pars defects at L5. Surgical intervention was discussed in regard to L5-S1 instrumented fusion. Prior to surgery, the provider wanted further diagnostic data. Plan of care included x-rays of the lumbar spine and pain management for Computed Tomography Discogram at the L5-S1 level to assess for concordant pain. On 01/23/2015, Utilization Review non-certified Computed Tomography Discogram at L5-S1. According to the Utilization Review physician, an L5-S1 instrumented fusion was discussed with the injured worker. However, the current findings did not report instability and further work up was being performed. The use of Computed Tomography Discography as a surgical indication is not supported by evidenced based guidelines. Guidelines cited for this review included CA MTUS ACOEM Practice Guidelines, Chapter 12, pages 304-305, Official Disability Guidelines, Low Back was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) discogram at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 305, Chronic Pain Treatment Guidelines ODG-TWC low back procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, 304. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, CT scans chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Discography'.

Decision rationale: This patient has a date of injury of 11/8/12 and presents with low back pain and left leg pain, mostly in the right hamstring and foot. The current request is for COMPUTED TOMOGRAPHY CT DISCOGRAM AT L5-S1. ACOEM Guidelines page 309 states under CT, recommendation is made when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. ODG Guidelines under the low back chapters states that CT scans are not recommended, except for trauma and neurological deficits. CT scan are indicated when tumor, infection, or fracture are strongly suspected. ACOEM guidelines page 304 does not support discogram as a preoperative indication for fusion as "discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Discography' states that "Discography is Not Recommended in ODG. Patient selection criteria for Discography if provider & payor agree to perform anyway: (a) Back pain of at least 3 months duration; (b) Failure of recommended conservative treatment including active physical therapy; (c) 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); (d) 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); (e) 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)." MRI of the lumbar spine from 8/12/14 revealed L5-S1 disc degeneration with loss of disc height, annular fissure and evidence of bilateral pars defects at L5. The treating physician suggests surgical intervention with L5-S1 instrumented fusion. Prior to surgery, he recommends further diagnostic data. The ACOEM and ODG guidelines do not recommend discograms for the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. In regards to CT scans, the ODG only supports CT following spine trauma with equivocal or positive plain films, neurological deficits, fractures, myelopathy, pars defects and to evaluate successful fusion if plain films do not confirm fusion. In this case, MRI findings report bilateral pars defects at L5, and a CT scan for further evaluation is in accordance with ODG guidelines. However, the request for a Discogram is not recommended for pre-operative evaluation. This request IS NOT medically necessary.

