

Case Number:	CM15-0055192		
Date Assigned:	03/30/2015	Date of Injury:	06/08/2012
Decision Date:	05/05/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 injured worker is a 50 year old male, who sustained an industrial injury on 6/8/12. The injured worker has complaints of low back pain, more on the right side and right shoulder pain. The pain radiates to the right lower extremity to about the level of the knee as well as axial pain. The diagnoses have included lumbar sprain with disc bulging; lumbar facet arthropathy; sacroiliac joint arthropathy and right shoulder trauma. Treatment to date has included ablation on the lumbar spine at the level of L4a and L5 facets; Magnetic Resonance Imaging (MRI) and Norco for severe pain. The request was for Discography of Lumbar Spine at L3-4, L4-5 and L5-S1 and Computed Tomography (CT) scan of Lumbar Spine post Discogram. The documentation noted the discography Computed Tomography (CT) plus the discogram will help to assist in locating the main pain generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discography of Lumbar Spine at L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305 and 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

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.

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. The findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. Positive discography was not highly predictive in identifying outcomes from spinal fusion. Although discography, especially combined with CT scanning, may be more accurate than other radiologic studies in detecting degenerative disc disease, its ability to improve surgical outcomes has yet to be proven. It is routinely used before IDET, yet only occasionally used before spinal fusion. (Cohen, 2005) Provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. This recent RCT concluded that, compared with discography, injection of a small amount of bupivacaine into the painful disc was a better tool for the diagnosis of discogenic LBP. Discography as a diagnostic test is controversial and in view of these findings the utility of this test should be reviewed. Furthermore, discography in current practice will often include injecting discs with a low probability of being symptomatic in an effort to validate other disc injections, a so-called control disc. A symptomatic degenerative disc is considered one that disperses injected contrast in an abnormal, degenerative pattern, extending to the outer margins of the annulus and at the same time reproduces the patient's lower back complaints (concordance) at a low injection pressure. Discography is not a sensitive test for radiculopathy and has no role in its confirmation. It is, rather, a confirmatory test in the workup of axial back pain and its validity is intimately tied to its indications and performance. As stated, it is the end of a diagnostic workup in a patient who has failed all reasonable conservative care and remains highly symptomatic. Its validity is enhanced (and only achieves potential meaningfulness) in the context of an MRI showing both dark discs and bright, normal discs, both of which need testing as an internal validity measure. And the discogram needs to be performed according to contemporary diagnostic criteria, namely, a positive response should be low pressure, concordant at equal to or greater than a VAS of 7/10 and demonstrate degenerative changes (dark disc) on MRI and the discogram with negative findings of at least one normal disc on MRI and discogram. See also functional anesthetic discography (FAD). Discography is not recommended in ODG. 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). 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. Discography should be performed as a non-diagnostic but confirmatory study for selecting operative levels. There is no documentation that the patient is candidate for surgery. Therefore, the request for Discography of Lumbar Spine at L3-4, L4-5 and L5-S1 is not medically necessary.

CT scan of Lumbar Spine post Discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

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.

Decision rationale: Since the discography procedure is not medically necessary, CT scan of lumbar spine post Discogram is not medically necessary.