

<b>Case Number:</b>	CM14-0180799		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	02/18/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42 year-old male with a date of injury of February 18, 2012. The patient's industrially related diagnoses include low back pain, bilateral leg pain and paresthesias, status post L4-5, L5-S1 anterior posterior fusion, electrodiagnostic evidence of L4-L5 radicular irritation, and L3-4 adjacent segment disc derangement with moderate stenosis. The disputed issues are a request for lumbar CT scan and discogram of lumbar spine 3 levels L2-3, L3-4, and possibly L1-2. A utilization review determination on 10/13/2014 had non-certified these requests. The stated rationale for the denial of the disco gram of the lumbar spine 3 levels was: "ODG guidelines (CA MTUS does not address) states discography is not recommended and discography is not consistently able to predict outcomes of spinal surgery. There is no imaging provided for review." The stated rationale for the denial of CT scan of the lumbar spine was: "since the disco gram is not certified, CT scan is recommended for non-certification."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar CT scan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography)

**Decision rationale:** In regard to the request for CT scan of the lumbar spine, CA MTUS states CT is recommended for patients with acute or subacute radicular pain syndrome that have failed to improve within 4 to 6 weeks and there is consideration for an epidural glucocorticoid injection or surgical discectomy. Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. In the submitted documentation available for review, there was documentation that the injured worker had a CT scan done on 5/5/2014 without contrast. Furthermore, there is no mention of trauma, myelopathy, or a recent fusion. His lumbar fusion was done October 2013. As the request for discogram of the lumbar spine (3 levels) was not found to be medically necessary, the currently requested lumbar computed tomography (CT) scan of the lumbar spine is not medically necessary.

**Discogram of lumbar spine 3 levels L2-3, L3-4 and possibly L1-2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG on Low Back regarding Discography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography

**Decision rationale:** In regard to the request for discogram of lumbar spine 3 levels (L2-3, L3-4 and possibly L1-2), Occupational Medicine Practice Guidelines state discography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, discography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; 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.); Is a candidate for surgery; Has been briefed on potential risks and benefits from discography and surgery. In the submitted medical records available for review, there is documentation of back pain of at least three months duration. However, there is insufficient documentation of failure of conservative treatment as the injured worker was referred to physical therapy on 8/12/2014 and the treating physician recommended bilateral transforaminal epidural steroid injections at levels L3-L4. Furthermore, there is no documentation that the injured worker was a candidate for surgery at the time of the request. Evidence based guidelines state there is a lack of strong medical evidence supporting discography. ODG supports only single level testing with one control level and the number of levels requested exceeds the number supported by guidelines. In the absence of such documentation, the currently requested discogram of lumbar spine 3 levels L2-3, L3-4 and possibly L1-2 is not medically necessary.

