

<b>Case Number:</b>	CM14-0022322		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/22/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture and 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 patient is a 51 year old female with date of injury 4/1/09 and complaints of mechanical back pain and bilateral leg radiculopathy. MRI of the lumbar spine dated 1/28/14 note overall impression is stable to slight improvement of disc protrusion at L5-S1 with no central canal, lateral recess, or neural foraminal stenosis at any level compared to prior films. Disc desiccation from L3-L4 through L5-S1 is again noted with trace loss of disc height at L4-L5 and L5-S1; L5-S1 slightly improved disc protrusion without central canal, lateral recess, or neural foraminal stenosis. Treatment to date has included medication management, physical therapy, epidural steroid injections, chiropractic treatment, and other treatment interventions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR DISCOGRAM INVOLVING L3-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** The MTUS ACOEM guidelines state that recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET)

annuloplasty or fusion. Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. When diskography is 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. (Diskography 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 diskography and surgery. The documentation submitted for review does not indicate that a psychosocial assessment was performed. Without satisfactory results from such an assessment, medical necessity of the procedure cannot be affirmed.