

<b>Case Number:</b>	CM14-0093550		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Family 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:

This is a 64-year-old male patient who reported an industrial injury to the back on 1/25/2013, 21 months ago, attributed to the performance of his usual and customary job tasks when he was reported to a fallen from a scaffold. The patient was noted to complain of continued low back pain with radiation to the right groin and hip. The patient was taking Percocet for pain. The MRI the lumbar spine demonstrated evidence of L1-L2 mild disc desiccation with disc osteophyte complex measuring 3 mm indenting the thecal sac; L2-L3 disc desiccation with osteophyte complex; L3-L4 disc osteophyte complex with mild bilateral neuroforaminal narrowing and no encroachment on the exiting nerve root; L4-L5 disc osteophyte complex with mild narrowing of the left neuroforaminal moderate narrowing of the right neural foraminal my: L5-S1 disc complex measuring 6 mm with mild narrowing of the left neuroforaminal and moderate narrowing of the right neural foraminal. X-rays of the lumbar spine demonstrated significant degenerative changes without evidence of instability. The Electrodiagnostic studies of the bilateral lower extremities were normal. The patient was reported to have not responded to conservative treatment that included medications, bracing, physical therapy, chiropractic therapy, and epidural steroid injections. The treating physician recommended an anterior and posterior discectomy, decompression, and fusion with instrumentation at L3-L4, L4-L5, and L5-S1. The treatment plan included a CT discogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Discogram of the Lumbar Spine:** 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): 304; 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back Chapter-Discography.

**Decision rationale:** There is medical necessity for the requested discogram of the lumbar spine based on the recommendations of the CA MTUS, ACOEM Guidelines, and the Official Disability Guidelines. The validity of the discogram to determine the medical necessity of levels to fuse has been questioned in recent peer reviewed studies. However, if the discogram was argued to be necessary prior to the performance of an impending lumbar spine fusion and would change the actual procedure performed as well as the number of levels, there is a procedure to meet in order to obtain authorization. The discogram was requested by the requesting physician to evaluate the levels L3-S1 as the pain generator level not to determine the number of levels to fuse. The actual possible surgical intervention in this case has been specified and there is no demonstrated medical necessity for a CT discogram. The patient has not agreed to surgical intervention and a conservative treatment option was documented. The patient has not been documented to be recommended surgical intervention at this stage and it is only raised as a possibility pending further evaluation. Clearly, the use of the discogram is specifically for diagnosis and not to determine the medical necessity of multiple fusion sites in an anticipated surgical intervention as recommended by evidence-based guidelines. The current requested discogram is not medically necessary if the patient has not agreed to pursue the surgical intervention option. The recommended criteria for the authorization of a lumbar discogram prior to surgical intervention as referenced below have not been documented by the requesting provider. The patient has not completed the necessary psychological/psychiatric evaluation to allow for the authorization of the discogram and the contemplated surgical intervention with a possible lumbar spine fusion. The submitted medical records do not document the criteria recommended by the MTUS and the Official Disability Guidelines for the authorization of a lumbar discogram. The use of the discogram for a diagnosis is not recommended by evidence-based guidelines. The CA MTUS and the Official Disability Guidelines recommend lumbar discogram on in cases of back pain of more than three (3) months duration; to determine whether surgical intervention is not indicated; and as confirmation of the levels for spinal fusion. The criteria recommended are: 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 a screen for surgery, 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. Therefore, the request for CT discogram of the lumbar spine is not medically necessary.