

<b>Case Number:</b>	CM14-0099145		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 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 61-year-old female with a reported date of injury on 01/01/2010. The injury reportedly occurred when the injured worker was moving a patient from a bed to a chair and as she was lifting the patient, she could not support the weight and fell. Her diagnoses were noted to include lumbar sprain/strain, spondylolisthesis at L4-5, herniated lumbar disc L2-3, L3-4, L4-5 with radiculopathy. Her previous treatments were noted to include physical therapy and epidural steroid injections. The progress note dated 04/17/2014 revealed complaints of low back pain that radiated to the bilateral lower extremities as well as right knee pain. The injured worker was status post epidural steroid injection x 2 to the lumbar spine with over 50% pain relief. The physical examination of the lumbar spine revealed decreased range of motion with a positive straight leg raise bilaterally. Lasegue's was equivocal bilaterally and there was hypoesthesia at the anterolateral aspect of the foot and ankle of incomplete nature at the L5 and S1 dermatome distribution. The provider indicated should the epidural injection fail to provide any significant pain relief and the pain returned, then a consideration would be for discogram of the lumbar spine at the level of L3-4, L4-5, and L5-S1 to isolate the source of the pain, for a possible posterior lumbar interbody fusion. The provider requested authorization for preoperative labs including CBC, PT, PTT, INR, and SMA-7. The progress note dated 07/10/2014 revealed complaints of low back pain with symptoms that are unchanged rated 6/10 to 8/10. The injured worker reported the pain traveled into the leg. The physical examination revealed decreased range of motion with a positive straight leg and spasm and tightness with tenderness to palpation. The provider indicated if the injured worker was no better with the epidural injection then to perform a discogram. The Request for Authorization form was not submitted within the medical records. The request was for 1 discogram for back pain, preoperative complete blood count

(CBC) prothrombin time (PT) test/international normalized ratio (INR), partial thromboplastin time (PTT), and SMA-7 (sequential multiple analysis-7).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One Discogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, Web-based version

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

**Decision rationale:** The request for 1 discogram is not medically necessary. The injured worker was waiting for her second epidural injection. The California MTUS/ACOEM Guidelines state discography is not recommended for assessing patients with acute low back symptoms. Recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Discography does not identify the symptomatic high intensity zone, in concordance of symptoms with the disc 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 and controls more than a year later. Tears may not correlate anatomically or temporarily with symptoms. Discography may be used where a 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 criteria such as back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment (discography and subjects with emotional and chronic pain problems have been linked to reports of significant back pain for prolonged periods after injection, and therefore, should be avoided). The injured worker must be a candidate for surgery and has been briefed on potential risks and benefits from discography and surgery. The documentation provided indicated if the epidural steroid injection failed then to look at discography, however, there is a lack of documentation regarding the epidural steroid injection being performed and therefore, discography is not appropriate at this time. As such, the request is not medically necessary. There are conflicting indications in the progress notes provided. The 04/17/2014 progress note indicated the injured worker was status post steroid injection x 2 to the lumbar spine with over 50% pain relief. The progress note dated 07/10/2014 indicated the injured worker was still awaiting authorization for lumbar epidural steroid injection #2 and #3. Therefore, due to the lack of documentation regarding specific epidural steroid injection and the results, a discogram is not appropriate at this time. Therefore, the request is not medically necessary.

#### **Pre-operative Complete Blood Count (CBC): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Pre-operative testing, general

**Decision rationale:** The request for a preoperative complete blood count (CBC) is not medically necessary. The previous request for a discogram was deemed not medically necessary and therefore, preoperative blood work is not appropriate. As such, the request is not medically necessary.

**Pre-operative prothrombin time (PT) test/international normalized ratio (INR):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Pre-operative testing, general

**Decision rationale:** The request for Pre-operative prothrombin time (PT) test/international normalized ratio (INR) is not medically necessary. The previous request for a discogram was deemed not medically necessary and therefore, re-operative prothrombin time (PT) test/international normalized ratio (INR) is not appropriate. As such, the request is not medically necessary.

**Pre-operative partial thromboplastin time (PTT):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Pre-operative testing, general

**Decision rationale:** The request for Pre-operative partial thromboplastin time (PTT) is not medically necessary. The previous request for a discogram was deemed not medically necessary and therefore, Pre-operative partial thromboplastin time (PTT) is not appropriate. As such, the request is not medically necessary.

**Pre-operative SMA-7 (Sequential Multiple Analysis-7):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Pre-operative testing, general

**Decision rationale:** The request for Pre-operative SMA-7 (Sequential Multiple Analysis-7) is not medically necessary. The previous request for a discogram was deemed not medically necessary and therefore, Pre-operative SMA-7 (Sequential Multiple Analysis-7) is not appropriate. As such, the request is not medically necessary.