

<b>Case Number:</b>	CM14-0217659		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

54 year old male maintenance administrator injured his lower back at work on 11 Oct 2010 when he bent over to pick up a piece of paper. He has been diagnosed with lumbar strain and lumbar radiculopathy. Comorbid conditions include obesity (BMI 35.9). Orthopedic evaluation on 2 Dec 2014 noted worsening back pain (8/10), even with medication, with associated radiation into left leg and right buttocks. There is no numbness or tingling. The pain disturbs the patient's sleep. On exam there was marked limitation of motion, negative straight leg raise and 3+ paraspinal muscle spasm. Electromyogram (21 Mar 2014) showed left L5 radiculopathy with superimposed distal sensory polyneuropathy. Lumbar MRI (2 Apr 2014) showed 2 mm disc bulge with moderate bilateral facet arthropathy and moderate neuroforaminal narrowing at L4-5 and mild bilateral facet arthropathy L5-S1. Treatment has included rhizotomy (L4-5 and L5-S1 [20 Feb 2012, 29 Jul 2014]), physical therapy, acupuncture, trigger point injections and medication (Soma, Tylenol No3, Mobic, Nalfon, Flexeril). The provider is considering surgery for this patient and has requested pre-surgical diskography and psychiatric clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar discography:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation 1) American College of Radiology Appropriateness Criteria for Imaging for Low Back Pain: Variant 4, created 1996, recent review 2011 2) Pneumaticos SG1, Reitman CA, Lindsey RW, Diskography in the evaluation of low back pain. J Am Acad Orthop Surg. 2006 Jan;14(1):46-55.

**Decision rationale:** Discography is a radiologic procedure in which a radiologically opaque dye is injected into a vertebral disc. It has both an anatomic and a provocative component. Thus it will show an anatomic abnormality in the disc and demonstrate whether or not the disc is the pain generator of the patient's symptoms. The ACOEM guideline is ambiguous regarding its use but does note it is a realistic consideration when surgical fusion is being contemplated. The American College of Radiology guideline for low back pain states that it may be an appropriate test when the patient has low back pain and/or radiculopathy and is a surgical candidate. A recent review article notes that it has a crucial role in evaluation of axial low back pain when surgical decision-making is required. The provider does feel this patient may be a surgical candidate and he has chronic low back pain (over 3 months) not better with more conservative treatments. This test will help in the surgical decision-making process. Medical necessity for this procedure has been demonstrated.

**Prior psyche clearance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chapter 1, page 1-7; Chapter 2, pages 23, 25, 31; Chapter 5, page 86-7, 90, 92, Chapter 12, page 288, 301, 304-6, Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100-101.

**Decision rationale:** It is well known that there are multiple barriers to recovery from work-related injuries and psychosocial barriers are common. Frequently the patient's condition has caused development of an associated psychological condition that will require ongoing treatment. Psychological evaluations are in wide spread use for chronic pain populations for these reasons and are effective in distinguishing these barriers and determining psychosocial interventions and effective rehabilitation. They are also important for pre-surgical evaluations to ensure preexisting and/or coexisting medical or psychosocial issues that may delay recovery are appropriately addressed. The ACOEM guideline specifically recommends a psychosocial evaluation prior to discography since this procedure has been linked to chronic post-procedural pain in subjects with emotional problems. This patient has had low back pain since 2010. His symptoms have worsened despite appropriate conservative care. It is now appropriate to have a discographic procedure. A pre-procedure psychological evaluation is appropriate to assess for psychosocial conditions that may have delayed his recovery or may affect recovery from future

treatments such as surgical interventions. Medical necessity for this evaluation has been established.