

<b>Case Number:</b>	CM15-0012109		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	01/05/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old male who sustained a work related injury on January 5, 2011, incurring back and leg injuries using a heavy piece of equipment. He underwent a laminectomy and discectomy of the lumbar sacral spine. The pain returned and a Magnetic Resonance Imaging (MRI) revealed a recurrent disc herniation where he underwent a decompression and fusion of L5-S1. Diagnoses made were spondylosis of the lumbar spine secondary to degenerative changes to a fusion at L5-S1. He continued with pain medications and epidural injections. Currently, the injured worker complains of low back pain and left shoulder pain. Diagnoses were left shoulder impingement, nonunion at L5-S1 and a degenerative disc at L4-L5. On January 29, 2015, a request for a service of a Discogram at four levels to be completed on an outpatient basis was non-certified by Utilization Review, noting the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram at four levels to be completed on an outpatient basis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, November, 2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, discography

**Decision rationale:** The patient presents with left back pain and left shoulder pain. The current request is for discogram at four levels to be completed on an outpatient basis. The treating physician states that there is a nonunion at L5-S1 from previous surgery. The ODG guidelines state that discography of the low back is not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. (Pain production was found to be common in non-back pain patients, pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing.). In this case, the treating physician has stated the purpose of the study was to evaluate what levels would need to be addressed at surgery. The patient stated that he would like to hold off on surgery. The ODG does not recommend discography and states that the patient selection criteria for Discography if provider & payor agree to perform anyway includes a psychosocial assessment. There is no documentation provided indicating that the provider and payor have agreed to discography and there is no psychosocial assessment available for review. The current request is not medically necessary and the recommendation is for denial.