

<b>Case Number:</b>	CM15-0014893		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/04/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old male, who sustained an industrial injury on July 4, 2011. The diagnoses have included lumbar myoligamentous injury, facet joint syndrome, cervical myoligamentous injury, left shoulder full thickness tear with impingement, bilateral carpal tunnel syndrome and medication-induced gastritis. Treatment to date has included acupuncture, epidural steroid injection, physical therapy and medication. Currently, the injured worker complains of continued low back pain which is aggravated by bending, twisting and turning. The injured worker rates his pain an 8 on a 10-point scale. He underwent intra-articular facet joint injection and did not gain significant relief. The injured worker stands with erect normal posture and his lumbar lordosis is normal. There are trigger points and taunt bands with tenderness to palpation. An MRI of the lumbar spine in September 1, 2013 revealed 3-mm left paracentral disc protrusions at L4-5 and L3-4. The evaluating physician noted that the injured worker had not responded to conservative treatment and recommended a provocative discogram to help guide surgical intervention. On December 26, 2014 Utilization Review non-certified a request for CT of the lumbar spine and discogram at L3-L4, L4-L5 and L5-S1., noting that the guidelines do not support discography of the low back and no documentation to support the diagnosis/condition for which a repeat study is indicated. The California Medical Treatment Utilization Schedule reference to ACOEM and the Official Disability Guidelines were cited. On January 26, 2015, the injured worker submitted an application for IMR for review of CT of the lumbar spine and discogram at L3-L4, L4-L5 and L5-S1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), CT (computed tomography)

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic low back pain. Treatments have included facet injections without relief and a lumbar fusion is being considered. Indications for obtaining a CT scan of the lumbar that could potentially apply in this case are after acute trauma or for the assessment of a lumbar fusion. Neither of these criteria is met and therefore the requested CT scan was not medically necessary.

**Discogram at L3-L4, L4-L5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Lumbar & Thoracic (Acute & Chronic), Discography

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic low back pain. Treatments have included facet injections without relief and a lumbar fusion is being considered. Discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. The technique of discography is not standardized and there is no universally accepted definition of what constitutes a concordant painful response. There are no published intra-rater or inter-rater reliability studies on discography. The conclusions of recent, high quality studies on discography have suggested that reproduction of the patient's specific back complaints on injection of one or more discs is of limited diagnostic value and have not been shown to consistently correlate well with MRI findings. Guidelines recommend against performing discography in patients with acute, subacute or chronic low back pain or radicular pain syndromes. Additionally, if discography was performed, guidelines recommend single level testing with control and in this case, the request is for more than one level to be tested.