

Case Number:	CM15-0179944		
Date Assigned:	09/30/2015	Date of Injury:	06/28/2006
Decision Date:	11/12/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/14/2015

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

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 49 year old female, who sustained an industrial injury on 6-28-06. The injured worker was diagnosed as having sprain thoracic region; lumbar lumbosacral disc degeneration; lumbosacral spondylolysis; sprain of back NOS; lumbago; chronic pain syndrome; thoracic disc degeneration. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-29-15 indicated the injured worker came to the office as a follow-up evaluation. The provider documents the injured worker "has had to use a back brace and takes high doses of narcotics over an extended period of time". He notes he has pain in his back that radiates into his legs. As a result he had a new MRI scan. The provider documents the result but notes no date "The results of the study demonstrate progressive disc degeneration at L4-5 and L5-S1, subarticular recess stenosis at L4-5 and progressive facet arthritis at both L4-5 and L5-S1. The symptoms are such it is likely that this condition would respond to surgery and would probably respond to a spinal fusion from L4-S1." The provider then documents "At this point I would recommend that the patient have a discogram followed by a CT scan at L3-4, L4-5 and L5-S1. The purpose of the study would be to determine the major symptomatic level which likely would be L4-5 and L5-S1 and would be distinguished from L3-4. Knowing this, fusion of the spine could be done with the expectation of some improvement. His pain is so severe, in fact, that he is not able to participate in normal activities. He has difficulty sitting, standing, bending and walking. One day of riding a bicycle results in several days of bed rest." The provider notes the injured worker has lost 70 pounds in the last 8 months. This has helped him reduce his medication to current doing. He does still experience pain which is relieved by the medications prescribed. The provider documents "Pain level: same; pain level without meds 10 out of 10; pain level with meds 5 out of 10. Low

back pain: radiating to the right lower extremity (thigh bruised feeling); right buttock pain; intermittent, aching, numbness, tingling with no weakness." The provider documents a physical examination: "lumbar spine: tenderness of the paraspinal region at L4, the ileolumbar region, and the piriformis. Active range of motion: extension 10 degrees and pain with motion and flexion normal. Sensation of the right: decreased sensation of the knee and medial leg (L4) and on the lateral leg and dorsum of the foot (L5) and S1 normal. Sensation of the left: decreased sensation of the knee and medial leg (L4) and on the lateral leg and dorsum of the foot (L5) and S1 normal." A Request for Authorization is dated 9- 9-15. A Utilization Review letter is dated 8-10-15 and non-certification was for a Discogram followed by CT scan of the Lumbar Spine L3-4, L4-5. A request for authorization has been received for a Discogram followed by CT scan of the Lumbar Spine L3-4, L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram followed by CT Scan of the Lumbar Spine L3-4, L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Discography.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under Discography.

Decision rationale: The patient presents on 07/29/15 with lower back pain rated 5/10 (with medications) which radiates into the bilateral lower extremities. The patient's date of injury is 06/28/06. The request is for discogram followed by ct scan of the lumbar spine L3-4, L4-5. The RFA is dated 07/31/15. Physical examination dated 07/29/15 reveals tenderness to palpation of the lumbar paraspinal region at L4 level, illiolumbar region, and piriformis muscle with decreased sensation noted in the L4 and L5 dermatomal distributions bilaterally. The patient is currently prescribed Amrix, Carisprodol, Clonazepam, Duloxetine, Etodolac, Gabapentin, Lidoderm, Lyrica, Morphine, Oxycodone, and Polyethylene glycol. Patient is currently not working. MTUS/ACOEM guidelines, Low Back Complaints, chapter 12, page 304 do not support discogram as a preoperative indication for fusion as "discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value..." ACOEM page 310, table 12-8 (contd) has the following regarding surgical considerations for lower back complaints: "Not Recommended: Spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection." ODG guidelines, Low Back Chapter under Discography states: Not Recommended. Patient selection criteria for Discography if provider & payor agree to perform anyway: (a) Back pain of at least 3 months duration. (b) Failure of recommended conservative treatment including active physical therapy. (c) An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection). (d) 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). (e) Intended as screening tool to assist surgical decision making, 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. (f) Briefed on potential risks and benefits from discography and surgery. (g) Single level testing (with control). (h) Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification. In regard to the pre-operative discogram and CT scan, such diagnostics are not supported by guidelines as a pre-operative measure. Progress note dated 07/29/15, has the following regarding this request: "At this point I would recommend that the patient have a discogram followed by CT scan at L3-4, L4-5, and L5-S1. The purpose of the study would be to determine the major symptomatic level which likely would be the L3-4 and L5-S1, and would be distinguished from L3-4. Knowing this, fusion of the spine could be done with the expectation of some improvement." Addressing ODG criteria for discograms (should the provider and payor agree to perform anyway): this patient presents with increasing spine pain lasting greater than six months, conservative treatments to date have failed, and MRI imaging reveals degenerated discs at the L3-4 and L5-S1 levels. However, this patient presents with degenerative disc disease, with no evidence of fracture, dislocation, tumor or infection in the lumbar spine, for which lumbar discograms are considered appropriate. Additionally, there is no indication that surgery has been authorized or that a detailed pre-operative psychosocial assessment/clearance has been obtained. Therefore, the request is not medically necessary.