

<b>Case Number:</b>	CM15-0077346		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/30/2004
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

### 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 55-year-old male who sustained an industrial injury on 7/06/09. She was status post laminectomy and discectomy with recurrent disc herniation and segmental instability, spondylolisthesis at L4/5 with radiculopathy. The 8/18/14 lumbar spine MRI documented multilevel degenerative disc disease. At L4/5, there was facet hypertrophy with mild anterolisthesis of L4 on L5, and mild narrowing of the left neural foramen. There were broad-based disc bulges at L2/3 and L3/4 without evidence of significant neural impingement. At L1/2, there was a 4.5 mm broad-based posterior disc protrusion resulting in mild narrowing of the thecal sac and lateral recesses. The 3/6/15 treating physician report cited persistent low back pain radiating to the lower extremity. Physical exam documented lumbar muscle guarding and spasms, with pain on flexion of 30 degrees and extension of 10 degrees. There was hypoesthesia over the L5/S1 dermatomal levels consistent with EMG evidence of right L4 and L5, and bilateral S1 radiculopathy. The femoral nerve stretch was positive on the left. The injured worker had exhausted numerous treatments and modalities with no lasting relief. Authorization was requested for lumbar spine discogram L1/2, L2/3, L3/4, and posterior lumbar interbody fusion L4/5 with inpatient stay x 3 days. The patient was referred for psychological evaluation. The 4/15/15 utilization review modified the request for lumbar spine discogram L1/2, L2/3, L3/4, and posterior lumbar interbody fusion L4/5 with inpatient stay x 3 days and certified the request for posterior lumbar interbody fusion L4/5 with inpatient stay x 3 days. The request for discogram was non-certified as there was no guidelines support for the use of discogram as a pre-operative indication for fusion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Discogram L1-L2, L2-L3, L3-L4, Posterior Lumbar Interbody Fusion L4-L5 with Inpatient Stay x 3 days: Upheld**

**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): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discography.

**Decision rationale:** Records indicate that this request for posterior lumbar interbody fusion L4/5 with inpatient stay x 3 days was certified. The discogram request is therefore under consideration. The California MTUS guidelines indicate that there is a lack of strong medical evidence supporting discography and should only be considered for patients who meet specific criteria. Indications include back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from discography and surgery. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. There is no evidence of satisfactory results from a detailed psychosocial assessment, with a concurrent request noted for psychological evaluation. Discogram outcomes have not been found to be consistently reliable for the low back, based upon recent studies. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this patient's clinical scenario. There is no compelling reason to support the medical necessity of this request in the absence of guideline support and when surgery has been certified based on clear imaging and clinical exam evidence. Therefore, this request is not medically necessary.