

<b>Case Number:</b>	CM13-0006951		
<b>Date Assigned:</b>	09/04/2013	<b>Date of Injury:</b>	10/30/2009
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A prior physician review noted that the patient reported ongoing back pain with sleep disruption and limited range of motion and that the treating provider requested a discogram at L3-L4 to help assess the patient's pain generator prior to surgical fusion. The prior review concluded that discography is not supported as a diagnostic indicator for surgical intervention and thus recommended non-certification. That review also noted the patient was scheduled to undergo a psychiatric evaluation and therefore recommended deferring a request for psychological evaluation. A treating physician note of 06/24/2013 clarified that psychiatric clearance had been requested prior to undergoing discography in order to rule out any indication of risk factors from a psychiatric perspective with regard to a lumbar discogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar spine discogram at L3-4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Low Back., discography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Low Back..

**Decision rationale:** ACOEM Guidelines, Chapter 12 Low Back, page 304, outlines "ability of various techniques to identify and define low back pathology." Discography is none among these recommended diagnostic modalities. Additionally, I note Official Disability Guidelines/Treatment of Workers' Compensation/Low Back states regarding discography, "The conclusions of recent high-quality studies in discography have significantly questioned the use of discography results as a preoperative indication." The guidelines and the medical records therefore do not support an indication for a discogram. This request is not medically necessary.

**Psychiatric clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.