

<b>Case Number:</b>	CM13-0007532		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	03/01/2006
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/29/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery 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 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/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:

The patient is a 42 year old male who reported an injury on 03/01/2006. The mechanism on injury was reported as the patient hurt his back while climbing through the ducts at work. The clinical note dated 06/28/2013 noted that the patient had a repeat MRI that showed Modic endplate changes at L2-L3. There is stable L4-5 annular fissure with disc bulge at L4-5 and L5-6 without neurologic compression. The fissure is slightly more prominent at L4-5. The clinical note dated 12/13/2013 reported an EKG on 09/27/2013, results were Q-T corrected interval of 449. The clinical note dated 12/13/2013 listed medications as: Methadone 10 mg take 2.5 tablets in the morning, take 2.5 tablets in the afternoon and take three tablets in the evening. Norco 10/325 mg tablets twice a day as needed for breakthrough pain. Surgical procedures listed as: Cervical fusion-no date; 12/26/2012 L4-5 epidural steroid injection. It was documented that the patient has 60% pain relief from the steroid injection. The clinical exam noted, the patient was tender in the paravertebral muscles of the lumbar spine. Muscle hypertonicity was noted, especially on the left. Tenderness was more pronounced in the left than right sciatic notch. Left Final Determination Letter for IMR Case Number [REDACTED] 3 lateral flexion 10 degrees, Right lateral flexion 10 degrees, left rotation 5 degrees, right rotation 5 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR DISCOGRAPHY TO INCLUDE A F/U VISIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The ACOEM states that more recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not identify the symptomatic high intensity zone, and some of the symptoms with the disk injected are of limited diagnostic value and it can produce significant symptoms in controls more than a year later. Despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following; back pain of at least three months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment. (Diskography 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.) The patient is a candidate for surgery and has been briefed on potential risks and benefits from diskography and surgery. The documentation submitted for review did not include significant objective findings of conservative failed treatments, did not include a detailed psychosocial assessment. As such, due to the diskography not being recommended by ACOEM therefore the request for lumbar discography to include a follow up visit is not supported. Therefore the request is non-certified.