

<b>Case Number:</b>	CM13-0013472		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	01/08/2008
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 1/8/08. A utilization review determination dated 8/1/13 recommends non-certification of lumbar discogram L3-S1. A 9/27/13 medical report identifies an appeal for lumbar discogram at L3-S1. The patient has ongoing low back pain radiating down the LLE (left lower extremity) and intermittently to the right, with a pain level of 8-9/10. On exam, there is allodynia and decreased sensation in the L5-S1 distribution down both lower extremities with positive SLR (straight leg raise) at approximately 50 degrees on the right. Various ODG criteria for discography are cited, although the criteria regarding satisfactory results from a detailed psychosocial assessment and single level testing are omitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR DISCOGRAM L3-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography.

**Decision rationale:** Regarding the request For Lumbar Discogram L3-S1, CA MTUS and ACOEM state discography may be used where fusion is a realistic consideration and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, discography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; 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.); Is a candidate for surgery; Has been briefed on potential risks and benefits from discography and surgery. ODG cites similar criteria, also noted is that there should be single level testing (with control). Within the documentation made available for review, there is no documentation of satisfactory results from a detailed psychosocial assessment. Additionally, the request for 3 levels is not consistent with single level testing with a control level, as recommended by the guidelines. In light of the above issues, the currently requested Lumbar Discogram L3-S1 is not medically necessary.