

<b>Case Number:</b>	CM13-0017128		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Occupational Medicine, 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.

### 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 applicant is a represented former [REDACTED] Home Health Aide/Caregiver who has filed a claim for chronic neck pain, shoulder pain, low back pain, hip pain, foot pain, ankle pain, elbow pain, midback pain, anxiety, depression, insomnia, and diabetes reportedly associated with an industrial injury of February 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior right shoulder surgery; and extensive periods of time off of work, on total temporary disability. In a July 30, 2013 Utilization Review Report, the claims administrator denied a request for lumbar discogram, noting that the applicant did not appear to be a clear surgical candidate. The applicant's attorney later appealed, on August 19, 2013. Specifically reviewed is an MRI of the lumbar spine of June 19, 2013, notable for a 3 mm disk protrusion at L5-S1 impressing upon the thecal sac. Specifically reviewed is a June 20, 2013 progress note, in which the attending provider notes that the applicant exhibits persistent low back pain with radicular complaints and an antalgic gait. Positive straight leg raising and lower extremity weakness are also noted. It is stated that the applicant has been suffering from low back for some time, has failed conservative treatments, should pursue a discogram for possible preoperative planning purposes, and should remain off of work, on total temporary disability, for an additional six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar discogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low Back Section, Discography, which is not part of the MTUS. .

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, recent studies do not support usage of discography as a preoperative indication for either an IDET procedure or a fusion. ACOEM table 12-8 further notes that discography or CT discography is "not recommended." In this case, the applicant's multifocal pain complaints, largely negative MRI imaging, comorbid psychiatric issues, neck pain, shoulder pain, etc., do not make a compelling case for pursuit of lumbar discography for preoperative planning purposes. The request for a lumbar discogram is not medically necessary and appropriate.