

<b>Case Number:</b>	CM13-0018671		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Orthopedic Surgery and is licensed to practice in New Hampshire, New York, and Washington. 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:

The patient is a 44-year-old female who had an injury on August 25, 2011. The patient has chronic low back pain with occasional pain to the right buttock. Physical examination revealed muscle strength for the quadriceps, hamstrings, gastrocnemius, and the tibialis anterior muscles as being 4/5 in the right leg. Current diagnoses include lumbosacral spondylosis without myelopathy, thoracic and lumbosacral neuritis and radiculitis unspecified, and displacement of lumbar intervertebral disc without myelopathy. Treatment to date includes epidural steroid injection and medication. At issue is whether or not L4-5 partial discectomy with selective nerve root block and discogram along with Percocet are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 partial discectomy with selective nerve root block and discogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low Back Chapter, and on the AMA Guides.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and on the AMA Guides.

**Decision rationale:** There is no documentation of imaging studies that demonstrate findings of nerve compression or significant canal stenosis in the lumbar spine. In addition, there is no documentation of failure of adequate conservative measures including physical therapy. The patient does not have a specifically-documented neurologic deficit that corresponds to nerve root compression on any lumbar spine imaging study. Also, with respect to discogram, the study is performed prior to lumbar fusion to determine possible symptomatology emanating from a potentially painful lumbar disc. Discogram use remains controversial in the existing literature. Since criteria for lumbar fusion are not met in this patient, there is no reasonable clinical rationale for use of discography in this patient at this time. Specifically, the patient does not have a documented spinal instability, fracture, or concern for tumor that would warrant a lumbar fusion. Thus, L4-5 partial discectomy with selective nerve root block and discogram is not medically necessary at this time.

**Percocet 5/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**Decision rationale:** There is no documentation that the patient's prescriptions are from a single practitioner and are being taken as directed. Also there is no documentation that the lowest possible dose is being prescribed, nor is there evidence that there will be ongoing review and documentation of pain relief, functional status, appropriate medication usage, and side effects. Therefore, the requested Percocet is not medically necessary.