

<b>Case Number:</b>	CM13-0020180		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 33 year old, male with a date of injury on 10/5/11. Diagnoses include, L2-5 Lumbar degeneration, L3-4 moderate central and mild lateral, and L4-5 stenosis based on the report dated 8/19/13 by [REDACTED]. The doctor's report from 8/26/13 shows that the patient has neck pain with radiation into the right arm, headaches, severe low back pain with radiation into the right leg. Symptoms have increased following a lumbar ESI from 6/20/13. Current meds include, Dilaudid 8mg 6/day, Prozac, and Ambien. Examination showed flexion at 30, ext at 5, positive SLR on right at 40. Recommendations were to increase Dilaudid, a C-ESI trial, a discogram of L2-S1. The L-spine MRI from 9/20/12 showed disc desiccation with 2x3 mm left disk extrusion at L4-5, 2mm bulge at L2-3. 7/29/13 report has similar information and the treater discusses the belief that the discogram was authorized, but that he is waiting for confirmation. Other reports were reviewed from 6/17/13 by [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The L2-5 Lumbar Discogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Spinal Fusion, pg. 307.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The Physician Reviewer's decision rationale: This patient presents with chronic low back pain with failure of conservative care including a recent ESI that made his symptoms worse. Pain is located in low back with radiation into right leg. MRI showed left-sided disc extrusion, but only measured 2-3 mm at L4-5. The treater has asked for lumbar discogram, but does not provide any rationale for obtaining this study. There is no consultation report from a spine surgeon to review. MTUS does not discuss discograms, but ACOEM does not recommend this unless surgery is anticipated. Routine use of lumbar discogram is not supported by ACOEM or ODG guidelines. For surgical consideration, ACOEM guidelines page 307 states, "Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusio. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis." This patient presents with degenerative lumbar spondylosis and surgical fusion is not indicated. Therefore, a lumbar discogram is not recommended.