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| <b>Case Number:</b>   | CM13-0023550 |                              |            |
| <b>Date Assigned:</b> | 11/15/2013   | <b>Date of Injury:</b>       | 02/25/2011 |
| <b>Decision Date:</b> | 01/24/2014   | <b>UR Denial Date:</b>       | 09/03/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/12/2013 |

### 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 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 claimant is a fifty five year old gentleman who was injured in work related accident on 02/25/11 specific to his lumbar spine. Clinical records indicate an August 20, 2013 letter of correspondence from treating physician [REDACTED] stating the claimant has failed two and a half years of conservative care for his intractable low back pain including multiple injections, multiple bouts of therapy and medications. He feels he is a surgical candidate at the L5-S1 level and wishes a lumbar discogram prior to proceeding with a lumbar fusion to demonstrate concordant discogenic pain at the requested surgical level. Physical examination of that date was not documented. Previous testing available for review includes a 03/25/13 electrodiagnostic studies to the lower extremities documented as normal. A prior lumbar Magnetic Resonance Imaging scan was performed February 27, 2013 and showed the L5-S1 level to be consistent with degenerative disc disease with broad annular tearing, facet hypertrophy and mild to moderate foraminal narrowing more so on the right. As stated, request for lumbar discography is being recommended.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 12 pg. 303.

**Decision rationale:** Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the role of lumbar discogram would not be indicated. There is no strong supported medical evidence to indicate the use of discography as a recommended preoperative indicator. Records in this case would not support the role of lumbar discogram for a preoperative indicator. Its use in this claimant's chronic course of care for diagnostic purposes would not be supported at present.