

<b>Case Number:</b>	CM13-0025767		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 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 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 injured worker is a 51 year old patient with a date of injury of May 25, 2012. Lumbar MRI performed on 7/11/2012 demonstrated diffuse disc protrusion with effacement of thecal sac at L3-4, L4-5, L5-S1. There is disk dessication noted at L5-S1. The disputed issue at hand is a request for lumbar discography. The utilization review team denied this request after requesting additional documentation. Specifically, they had requested a progress note which documented the objective and subjective findings consistent with this case, but did not receive this information in a timely manner and therefore non-certification was issued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Discogram to clarify whether the Patient has Disc Centered Pain at L4-5 or L5-S1:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305, Chronic Pain Treatment Guidelines Code of Regulations Page(s): 6.

**Decision rationale:** In the case of this injured worker, there is no documentation of a satisfactory results from psychosocial assessment. In the submitted documentation, there is a lack of detailed

psychosocial assessment which is an important prerequisite prior to lumbar discography. Given this lack of documentation, the request for discography is recommended for noncertification.