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| <b>Case Number:</b>   | CM13-0040305 |                              |            |
| <b>Date Assigned:</b> | 03/03/2014   | <b>Date of Injury:</b>       | 09/09/1997 |
| <b>Decision Date:</b> | 08/06/2014   | <b>UR Denial Date:</b>       | 10/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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 expert 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 44 year-old individual who was reportedly injured on 9/9/1997. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 9/6/2013 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated positive tenderness to palpation about the paralumbar region. Mild spasms are identified. Diagnostic imaging studies 7/10/2013 magnetic resonance image of the lumbar spine reveals postsurgical changes, L3-L4 posterior central protrusion, mild right and moderate left neural foraminal stenosis. Previous treatment includes lumbar surgery and epidural steroid injections. A request had been made for Bilateral Lumbar CT Discogram and was not certified in the pre-authorization process on 10/10/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Lumbar Discography with CT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013, Low Back Discogram.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines do not recommend lumbar discography, whether performed as a solitary test or when paired with imaging (e.g. magnetic resonance imaging), for acute, subacute or chronic back pain, or for radicular pain syndromes. As such, in accordance with the Official Disability Guidelines the request is not considered medically necessary.