

<b>Case Number:</b>	CM13-0047639		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Pennsylvania. 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 patient is a 36-year-old gentleman who was injured in a work related accident on June 24, 2013, sustaining an injury to the low back. The MRI scan of July 2, 2013 revealed multilevel disc desiccation most pronounced at the T11-12 and L4-5 level. There was a right paracentral disc protrusion at T11-T12. The patient continues to be symptomatic at present with recent clinical progress report of October 17, 2013 indicating ongoing complaints of low back pain with bilateral lower extremity pain. Examination revealed positive straight leg raises with tenderness over the sciatic notch and tenderness to palpation over the L3 through L5 level. Further neurologic findings were not noted. It states at that time that the patient had failed care including medications, therapeutic modalities and work restrictions. There was a request for a lumbar discogram from the L1 through S1 level for further diagnostic interpretation. The potential need for artificial disc replacement surgery was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DISCOGRAM AT L1-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** California MTUS Guidelines would not support the role of lumbar discography. The guidelines suggest discography has not been noted to be a reliable preoperative indicator. The patient's current clinical presentation including a lack of definitive neurologic findings on examination would fail to necessitate the specific request for the diagnostic test as requested. Therefore the request for Lumbar disco gram is not medically necessary.