

<b>Case Number:</b>	CM13-0047861		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/01/2013
<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 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 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 claimant is a 31-year-old gentleman who sustained an injury to his low back as the result of a work related accident on September 26, 2011. The clinical records available for review include a May 29, 2013, follow-up note from [REDACTED], documenting continued complaints of low back and lower extremity radicular symptoms. Physical examination demonstrated positive straight leg raises with dysesthesias bilaterally in the L5 and S1 dermatomal distribution. Recommendations were for continuation of medication management and referral for pain management consultation for the purpose of lumbar discography to be performed at the L3 through S1 levels. Records indicate that the claimant has been treated with physical therapy and epidural steroid injections; a CT scan of the lumbar spine dated July 11, 2013 showed degenerative changes with facet hypertrophy at the L4-5 and L5-S1 level. There was narrowing at the left L5-S1 level, resulting in deformity of the exiting left L5 nerve root. This request is for pain management consultation for a lumbar discogram L3-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULTATION FOR LUMBAR DISCOGRAM L3-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303,305.

**Decision rationale:** According to California ACOEM Guidelines, the request for pain management consultation for lumbar discography would not be indicated. ACOEM Guidelines state that lumbar discography is not considered a strong or diagnostic indicator for assessing low back pain. Therefore, it is not recommended for assessing claimants for preoperative purposes. In this case, there are no findings to suggest that an exception to the ACOEM Guideline would be warranted. The request for lumbar discography would not be medically necessary.