

<b>Case Number:</b>	CM13-0049813		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Maryland. 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:

This is a 38-year-old male with a 5/28/2013 date of injury, when he was attempting to push heavy boxes on a conveyor belt when he felt "something" pull in the mid to low back. 10/23/13 determination was non-certified given that discogram outcomes have not been found to be consistently reliable for the low back. 10/21/13 orthopedic report revealed 100% symptom relief with the ESI. Pain level was 5/10. Exam revealed hip flexion strength 4/5 bilaterally. Other muscle groups were 5/5. 9/18/13 orthopedic report identified persistent low back pain with occasional radiation down the right lower extremity. Exam revealed decreased sensation over the L4 dermatome. Motor exam was reported as 5/5. 8/19/13 spine consultation revealed low back pain with intermittent radiation into the right buttock and down his leg to the knee. Pain was rated 5-8/10. Exam revealed decreased sensory over the right L5 dermatome. Strength 4/5 of the right extensor hallucis longus. Diagnoses include L5-S1 disc degeneration, L5-S1 stenosis, and right leg radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DISCOGRAM WITH NEGATIVE CONTROL L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. In addition, ODG states that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. There was no rationale for the necessity of a discogram despite no recommendations for its use in the diagnosis/management of low back pain. It is not clear how the result would impact the patient's treatment plan. The medical necessity was not substantiated.