

<b>Case Number:</b>	CM13-0053186		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 53 year-old male who was injured on 10/28/2011. He presents with low back pain and pain down both legs. He has been diagnosed with severe DDD, spondylosis and herniations at L1/2 and L2/3 and mild to moderate DDD and spondylosis and herniations at L3/4, L4/5 and L5/S1 associated with bilateral lower extremity radiculitis. He had a slight retrolisthesis at L4/5 that was stable on flex/extension views. According to the 10/28/13 report, The 6/11/13 LESI did not provide any relief of low back or leg symptoms. The MBB at L4/5 and L5/S1 on 10/22/13 provided over 90% relief of bilateral buttock pain and thigh pain, but no relief on the lower back pain. The physician states he failed the ESI, and the MBB and the retrolisthesis was stable, so most likely the pain is from annular disc disruption. The pain is intolerable and the patient would consider fusion surgery. The physician requests a pain management consult for a disco gram L5/S1, L4/5, L3/4 and L2/3. The patient takes Norco 5/325 and Mobic 15mg for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lumbar discogram from L2-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 (ODG)

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

**Decision rationale:** The patient presents with chronic low back pain and pain down both legs. He reportedly failed a lumbar ESI, and failed lumbar MBB and flexion/extension studies showed the slight retrolisthesis at L4/5 was stable. The physician believes the pain is discogenic and recommends discography. MTUS/ACOEM guidelines, for lumbar discography states that recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. MTUS/ACOEM does not recommend discography for fusion. The guidelines state that despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: One of the criteria being: Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) The patient has not had psychological clearance for discography, and the overall recommendation from MTUS/ACOEM is that discography is not recommended. The request is not in accordance with MTUS guidelines.

**pain management consultation for a possible lumbar discogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** Since the lumbar discogram is not recommended as above, the request for the pain management consultation for the procedure is not medically necessary and appropriate.