

<b>Case Number:</b>	CM13-0056491		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/16/2010
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 60-year-old male who reported an injury on 01/16/2010. The mechanism of injury was a fall. The documentation of 10/18/2013 revealed the injured worker had physical examination findings of the injured worker walked with a normal gait and had a normal heel-toe swing-through gait with no evidence of a limp. There was no evidence of weakness walking on the toes or heels. The injured worker had tenderness to palpation across the upper buttocks bilaterally. The injured worker had decreased sensation over the right L4 and S1 dermatomes. The injured worker had decreased range of motion. The reflexes were 2+ bilaterally and the strength was 5/5. The injured worker had a straight leg raise that was negative bilaterally at 90 degrees. The impression/diagnoses included L4-5 and L5-S1 facet arthropathy, mild bilateral recess stenosis at L4-5 to a lesser degree L5-S1 and L4-5 and L5-S1 desiccation with small herniation. The discussion included the injured worker had ongoing low back, buttock, and bilateral leg pain which the injured worker indicated he was unable to live with. The injured worker had failed conservative measures including medications and facet blocks. The physician opined the injured worker required a diagnostic discogram at L4-5 and L5-S1 with negative control to make surgical recommendations accordingly. The treatment plan included proceed with surgery for the wrist, request authorization for pain management consultation and diagnostic discogram at L4-5 and L5-S1 with negative control, and follow-up after the discogram as well as a random urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAGNOSTIC DISCOGRAM AT L4-5 AND L5-S1 WITH NEGATIVE CONTROL:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discography.

**Decision rationale:** Official Disability Guidelines do not recommend discography as part of a preoperative evaluation of patients for consideration of surgical intervention for lower back pain. However, if the provider and the patient agree to perform anyway, there should be documentation of back pain of at least 3 months in duration, failed conservative treatment including active physical therapy, and MRI demonstrating 1 or more degenerated discs as well as 1 or more normal appearing discs to allow for an internal control injection, and documentation of satisfactory results from detailed psychosocial assessment. There should be a single level tested and the request was for 2 levels. The clinical documentation submitted for review failed to provide an official read of an MRI and failed to provide the injured worker had a detailed psychosocial assessment to support the necessity for a discogram. Given the above, the request for diagnostic discogram at l4-5 and l5-s1 with negative control is not medically necessary.