

<b>Case Number:</b>	CM13-0060624		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/18/2004
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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 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:

The patient is a 47-year-old who was injured on 08/18/2004 in a slip and fall incident. Prior treatment history has included injection for pain control, cervical epidural, medications, and a lumbar epidural injection which provided her some pain relief. The patient underwent a lumbar laminectomy in 2010. Diagnostic studies reviewed include Lumbar MRI performed 06/21/2010, as summarized by [REDACTED] report on 09/17/2013, revealed a new L4-5 4.8 mm disc herniation with 5 mm inferior extension causing mild central and foraminal stenosis; new 4.3 mm L5-S1 disc herniation with bilateral lateral recess and foraminal stenosis with high intensity zone consistent with an annular tear. Agreed medical re-evaluation note dated 09/17/2013 documented the patient to have complaints of migraines, neck pain which radiated in fingers, low back pain that radiates down the legs into the feet. The patient experienced a heavy sensation in her hands. The patient noted weakness in her hands along with difficulty grasping objects. The patient reported buckling of the knees. The patient noted that she has fallen on five or six occasions. Exam included an inspection of the lumbar spine which showed no deformities, swelling, masses, atrophy or skin discolorations were noted. Gait was within normal limits. Heel and toe walking were performed satisfactorily. There was tenderness appreciated midline to the lumbar region and to the right psis and sciatic notch. Straight leg raise was positive on the right and negative on the left. Motor was 5/5 bilaterally. Deep tendon reflexes: patella was 3+ bilaterally; Achilles was 2+ bilaterally. Full Effort: No; Magnificaton: Yes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A lumbar spine discogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Per the CA MTUS, there is a lack of strong evidence supporting discography but it is common and when considered it should be reserved for patients who meet a number of criteria. Of the criteria mentioned in the guides, the patient does not meet the following: "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 a detailed psychosocial assessment performed despite her issues with chronic pain. Further, the guides state the patient should be briefed on the potential risks and benefits from discography and surgery which has either not happened or is not documented in the records. The request for a lumbar spine discogram is not medically necessary or appropriate.