

<b>Case Number:</b>	CM13-0061112		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 59-year-old female who reported an injury on 1/27/12. The mechanism of injury reported was lifting a full mop bucket. The clinical note dated 10/22/13 reported that the injured worker complains of mild to moderate low back pain. The injured worker complains of back stiffness. The level of pain reported was 5/10. The injured worker reported that the symptoms are constant and unchanged, and that the symptoms are worse during and after activity. The back pain is aggravated by kneeling, squatting, repetitive use, prolonged sitting, prolonged standing, pulling, climbing stairs, lifting, bending, and walking. The symptoms are relieved by the use of ice. Current medication listed for the injured worker is ibuprofen. Physical exam noted that the injured worker had significant muscle spasms in the low back. The physician documented 40 degrees of flexion and 10 degrees of extension. There was 2+ dorsal pedal pulses. There was decreased sensation at L2-3 and L3-4. Diagnoses for the injured worker included discogenic back pain with degenerative discs at L2-3 and L3-4. The physician noted a 3mm bulging disc at L3-4 on the MRI. The clinical records provided for review did not include any conservative care and/or surgeries. The DWC Form RAFA included the diagnosis of Discogenic Disc Back, and a discogram was requested on 11/18/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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

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

**Decision rationale:** The California MTUS/ACOEM does not support discogram as a preoperative indication for either an intradiscal electrothermal annuloplasty or fusion. Discography does not identify with the symptomatic high intensity zone, and concordance of symptoms with the disc injected of its limited diagnostic value. Discography may be used when a fusion is a realistic consideration, and it may provide supplemental information prior to surgery. Despite the lack of strong medical evidence supporting it, discography is fairly common, and should be reserved for patients who have back pain at least three months in duration, who have failed conservative treatment, who have satisfactory results from a detailed psychosocial assessment, and who are candidates for surgery. The documentation provided for review did not list any conservative treatment - failed or effective - such as therapy, or medications (other than ibuprofen). The documentation for review also did not have a psychosocial assessment for the patient's emotional and chronic pain problems. Therefore, the documentation that was provided for review does not meet the guidelines set forth in the California MTUS/ACOEM for discogram. Therefore, the request is non-certified.