

<b>Case Number:</b>	CM13-0063867		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Spine Surgery has a subspecialty in Internal Medicine and is licensed to practice in New York, New Hampshire, and Washington State. 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 patient is a male with the date of injury of July 1, 2010. He continues to complain of severe low back pain. The pain radiates to both legs. He has difficulty with sitting standing and bending. Neurophysiologic testing shows bilateral L5-S1 radiculopathy. On physical examination he has decreased sensation in the right greater than the left ulnar nerve distribution. He has decreased sensation in the L5-S1 nerve root distribution his left foot. He has limited range of motion of his low back. He has weakness in his bilateral EHL gastrocsoleus complex. MRI shows lumbar disc degeneration at L5-S1. There is a focal midline herniation at L5-S1. Lumbar x-ray show degenerative disc condition disc space narrowing at L5-S1. The patient has had decompressive laminectomy and disc excision L5-S1. At issue is whether lumbar discogram at L3-4 L4-5 and L5-S1 is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR DISCOGRAM AT L3-4, L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMPENSATION, ONLINE EDITION, LOW BACK CHAPTER, LUMBAR AND THORACIC: DISCOGRAPHY

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, 304-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER: DISCOGRAPHY

**Decision rationale:** Guidelines indicate that discography is a test that is used prior to fusion surgery. Discography is used preoperatively to determine whether or not a disc space may be symptomatic prior to planned lumbar fusion surgery. The test is only indicated in cases where lumbar fusion surgery is medically necessary. The validity of the test remains debatable at this time. Since the patient has no clinical indications for spinal fusion, discography is not medically necessary at this time. Specifically, this patient does not meet any established criteria for lumbar fusion surgery. The medical records do not document any instability, fracture, tumor, or progressive neurologic deficit. Since lumbar fusion surgery is not medically necessary in this patient, discography testing at any level in the lumbar spine is not medically needed and the request is non certified.