

<b>Case Number:</b>	CM13-0067984		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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 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 claimant is a 31-year-old female who sustained an injury to her low back in a work related accident on September 8, 2012. The clinical records provided for review included a progress report of December 23, 2013 indicating ongoing complaints of pain in the neck and low back. Diagnosis was cervical and lumbar herniated discs. Objective findings specific to the lumbar spine showed an L5-S1 dermatomal weakness with positive spasm and tenderness to the low back to palpation. Recommendation was for a psychological evaluation. On the November 11, 2013 follow-up visit it was noted that the claimant had positive straight leg raising, spasm and tenderness with diminished sensation. Imaging reports were not provided for review. It was noted that the claimant had failed conservative treatment including injections. Recommendation on the November assessment was for an L5-S1 discogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR L5-S1 DISCOGRAM:** Upheld

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

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

**Decision rationale:** Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, lumbar discography is not indicated. American College of Occupational and Environmental Medicine (ACOEM) states that Discography is not recommended as a reliable preoperative indicator. In this case, there is no indication of previous imaging available for review. In reviewing the claimant's clinical history dating back to 2008, there would at present be no apparent acute indication for discography at the requested L5-S1 level.