

<b>Case Number:</b>	CM13-0068249		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 injured worker is a 55 year-old female who reported an injury on 03/07/2013 and the mechanism of injury was from lifting and pulling up a patient. The current diagnoses are intermittent left leg radiculopathy, L4-5 stenosis and L4-5 and L5-S1 facet arthropathy. The injured worker continued to have chronic low back pain with pain in the left buttocks and left leg. An unofficial MRI of the lumbar spine the physician noted that there were degenerative changes in the lumbar spine showing moderate to severe facet arthropathy L4-L5, broad based disc bulge at L4-5 and moderate central severe lateral recess stenosis at L4-5. The injured worker had an epidural steroid injection at the L4-5 that she reported only one day of relief and a medial branch block. Other conservative care has consisted of medication and physical therapy. The clinical noted from 09/27/2013 indicated the injured worker continued to complain of continuous mid/low back pain which extends to her left buttocks and down her left leg to her knee. The injured worker had increased pain with sitting, standing or walking for more than 5 minutes, and standing from a sitting position. The injured worker also indicated that she had episodes of her legs wanting to give out while walking and she indicated back pain while sleeping. The injured worker noted that she had relief with laying down on her side, ice packs, activity modification and medications. The pain was noted at 7-8/10 at rest and increases to 9/10. The current request is for a discogram from L5-L5 with negative control on 11/12/2013. The physician indicated that it is being ordered due to the injured worker's continued pain in discomfort in the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DISCOGRAM FROM L4-L5 WITH NEGATIVE CONTROL:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM guideline for discogram do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria; back pain of at least three months duration, failure of conservative treatment and, satisfactory results from detailed psychosocial assessment. The physician failed to follow the above criteria to include a psychosocial assessment and failure of to provide information supporting the patient was a candidate for a lumbar fusion to support the necessity of the requested discogram. Therefore, due to the lack of required documentation the current request for the discogram from L5-L5 with negative control is not medically necessary.