

<b>Case Number:</b>	CM14-0002099		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/28/2010
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; lumbar MRI imaging, notable for a 4-mm disk protrusion at L5-S1 and a 5.4-mm disk protrusion at L3-L4; electrodiagnostic testing apparently positive for a lumbar radiculopathy; opioid therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated December 10, 2013, the claims administrator denied a request for discography, citing non-MTUS-ODG Guidelines, although the MTUS, through ACOEM, does address the topic at hand. The applicant's attorney subsequently appealed. A December 16, 2013 progress was notable for comments that the applicant reported persistent low back pain radiating to the leg with associated numbness, tingling, and paresthesia. Diminished lumbar range of motion was appreciated. The attending provider stated that the applicant had positive lumbar MRI imaging demonstrating clear-cut evidence of radiculopathy at L4-L5 and L5-S1 and electrodiagnostic testing also corroborating the applicant's radicular complaints. Authorization was sought for CT discography, spine surgery, and preoperative laboratory testing. The applicant was issued prescriptions for Norco, tramadol, Naprosyn, Prilosec, and Flexeril while remaining off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **DISCOGRAPHIC STUDIES L3-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Subsection Under Discogram.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, recent studies and discography do not support its use as a preoperative indication for either an IDET procedure or a fusion procedure, the latter of which is apparently being proposed here. The overall ACOEM recommendation on discography and/or CT discography, in Chapter 12, Table 12-8, page 309 is "not recommended." In this case, furthermore, the attending provider has seemingly posited that the applicant in fact has already radiographically confirmed, clinically evident, and an electrodiagnostically corroborated lumbar radiculopathy. The fact that the diagnosis of lumbar radiculopathy has already been definitively established effectively obviates the need for the discographic studies in question. Therefore, the request for Discographic Studies are not medically necessary.