

<b>Case Number:</b>	CM14-0002853		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50 year old female who reported an injury on 09/02/2011 secondary to moving a pallet. She was treated with an epidural steroid injection at L5-S1 on 02/10/2012. An MRI on 10/15/2013 revealed disc protrusion at L5-S1 with minimal neuroforaminal encroachment and a small L4-5 disc bulge without significant narrowing of the central spinal canal or neuroforaminal stenosis. She was evaluated on 12/23/2013 and reported 6/10 back pain with intermittent numbness, weakness, and radiation to the legs bilaterally. On physical exam, she was noted to have a positive straight leg raise bilaterally, absent knee reflexes, diminished Achilles reflexes, diminished sensation bilaterally in an L5-S1 distribution, and 3-4/5 muscle strength in the lower extremities bilaterally. A request for authorization was submitted for a discogram of the L3-4, L4-5, and L5-S1 discs to rule out L4-5 as a contributor to pain symptoms prior to proceeding with a fusion surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DISCOGRAM OF THE L3-L4, L4-L5, AND L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** The request for a discogram of the L3-4, L4-5, L5-S1 discs is non-certified. The injured worker reported low back pain with radiation to the legs bilaterally, weakness and numbness. The injured worker was noted to have a positive straight leg raise bilaterally, decreased strength, and diminished sensation. A recent MRI revealed disc protrusion at L5-S1 with minimal neuroforaminal encroachment and a small L4-5 disc bulge without significant narrowing of the central spinal canal or neuroforaminal stenosis. California MTUS/ACOEM Guidelines state that discography is not recommended for radicular pain syndromes or for evaluating herniated discs. The rationale for the request was to rule out L4-5 as a cause of pain in order to proceed with a fusion surgery. The Official Disability Guidelines (ODG) state that conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs is of limited diagnostic value and is therefore not recommended. As the guidelines note discography is not recommended the medical necessity of the request cannot be established. As such, the request for discogram of the L3-4, L4-5, L5-S1 is not medically necessary or appropriate.