

<b>Case Number:</b>	CM14-0004872		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/24/2007
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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 patient is a 61-year-old male who has submitted a claim for Internal Disc Disruption Syndrome with Discogenic Pain associated with an industrial injury date of February 24, 2007. Medical records from 2013 were reviewed, which showed that the patient complained of back pain and bilateral leg pain, worse on the right. On physical examination, there were positive spring test at the interiliac crest line, extensor lag, and Bragard's tests. Flip test, Lasegue's, and hypoactive knee jerk on the right were likewise noted. There were absent posterior tibial tendon jerks bilaterally and hypoactive ankle jerk on the right. There were paresthesias in the L5 and S1 nerve root distribution on the right and mild weakness of the gastrocsoleus on the right. Treatment to date has included conservative management but treatment was not specified. Utilization review from December 13, 2013 denied the request for lumbar discogram because evidence-based guidelines do not consistently support discography in the evaluation/management of low back injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR DISCOGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation OMPG- (ODG) Official Disability Guidelines/Integrated Treatment Guidelines- Disability Duration Guidelines (DDG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 308-310.

**Decision rationale:** According to pages 308-310 of the CA MTUS ACOEM Practice Guidelines, discography is not recommended. Recent studies on discograph do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. In this case, the medical records failed to provide a clear rationale for discography even though it is not recommended by guidelines. There is no specific indication as to the levels to be tested as testing should be limited to a single level and a control level. A psychological clearance was not obtained, and there is no evidence that the patient would meet surgical fusion criteria. There is no clear indication for this procedure; therefore, the request for LUMBAR DISCOGRAM is not medically necessary.