

<b>Case Number:</b>	CM14-0006568		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/05/2007
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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:

Patient is a 56-year-old male who has submitted a claim for chronic discogenic low back pain, and multilevel degenerative disc disease associated with an industrial injury date of 01/05/2007. Medical records from 2013 were reviewed. Patient complained of central low back pain radiating to bilateral gluteal area and left lower extremity. Numbness was reported at 3rd digit of bilateral feet. Aggravating factors included sitting and bending forward; pain alleviated by lying down. Patient was able to walk and do yard work, however, in a limited capacity. He was able to return to work. Physical examination of the lumbar spine revealed tenderness and restricted range of motion. Patient can do heel and toe-walk. Strength and reflexes at bilateral lower extremities were normal. Patient was unable to identify sharp / dull sensation at plantar aspect of both feet. MRI of the lumbar spine, undated, revealed degenerative disc disease at L2-L3, through L5-S1 levels. Slight disc narrowing at L3-L4, L4-L5, and multilevel facet arthropathy were noted. X-ray of the lumbar spine, dated 05/10/2013, revealed mild multi-level degenerative disc disease, worst at L3-L4 to L5-S1 levels. Disc space narrowing and Grade 1 retrolisthesis of L3 on L4 were noted. Treatment to date has included physical therapy, lumbar epidural steroid injections, acupuncture, and ibuprofen. Utilization review from 01/07/2014 denied the requests for outpatient lumbar discogram and outpatient lumbar CT because the level for the proposed testing was not documented. Patient likewise had diffused degenerative disease and should not be considered a good surgical candidate.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** MTUS/ACOEM Guidelines state that discography is not recommended. Recent studies on discography do not support its use as a preoperative indication for fusion. Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value, and it can produce significant symptoms in controls more than a year later. Moreover, the Official Disability Guidelines cited that studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs is of limited diagnostic value. In this case, the rationale for requesting this procedure is to identify the symptomatic disc levels prior to surgery. Progress report from 12/4/2013 cited that patient should be willing to commit to a three-level (or possibly, four-level) lumbar surgery before he undergoes discography. The plan was to allow patient to consider his options and once he committed to undergo surgery, then discography will be performed. However, medical records submitted failed to provide evidence that patient has agreed to undergo surgery. Moreover, is not indicated as a preoperative indication for fusion. Testing should be limited to a single level and a control level; discography is not indicated unless a fusion level is to be ruled out. Furthermore, there is no evidence that a psychological clearance was obtained. Therefore, the request for a lumbar discogram is not medically necessary and appropriate.

**LUMBAR CT:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.