

<b>Case Number:</b>	CM14-0007103		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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:

Medical reports from 2013 were reviewed, indicating continuous low back pain radiating to the left lower extremity. A September 20, 2013 progress report indicates that a lumbar diskogram is requested to determine whether or not the L4-5 level is responsible for her symptoms; if that level is not a pain generator then the procedure would be limited to a one level anterior fusion at L5-S1. Physical exam demonstrates limited lumbar range of motion, negative straight leg raise test, intact lower extremity neurologic exam. A September 3, 2013 lumbar CT demonstrates, at L5-S1, possible small right hemilaminotomy, no significant spinal canal stenosis and moderate left and mild right foraminal stenosis; and, at L4-5, mild right foraminal stenosis. Treatment to date has included physical therapy, chiropractic care, medication, activity modification, and injections. There is documentation of a previous December 23, 2013 adverse determination for lack of instability, stress fracture, and requested diskogram only at the suspected level with no control level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR DISCOGRAM L4-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 304-4

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discogram

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines states that recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion. In addition, ODG states that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. However, the patient is not an established fusion candidate as there is no imaging evidence of functional spinal unit failure, degenerative spondylolisthesis, or dynamic instability. A psychological clearance was not obtained. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination, which would suggest that the patient does not meet decompression criteria, and there are no indications for fusion. The request for a lumbar discogram L4-S1 is not medically necessary or appropriate.