

<b>Case Number:</b>	CM14-0107954		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/17/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 02/17/2010. The date of the utilization review under appeal is 07/02/2014. The primary diagnosis is lumbar disc displacement. On 06/02/2014, the patient was seen in primary treating physician follow-up regarding back and radicular leg symptoms. The patient had been seen by a surgeon who felt he was a candidate for lumbar discography at the lower levels for assessment and more detail. However, the insurance denied this, and the provider was hoping for this to be reconsideration for preoperative planning purposes. The patient reported ongoing pain at 9/10 in the back and left buttock and thigh with numbness and pain. The patient reported collapses and falls 100 times per week due to pain. On exam, the patient had an antalgic gait with restricted motion of the lumbosacral spine. Neurologically the patient was globally intact with patchy sensory changes. The treating physician again recommended proceeding with lumbar discography and discussed pain management to help with the patient's situation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics, page 112, states that Voltaren gel has not been evaluated for treatment of the spine. Thus, the guidelines do not support a probable benefit from this medication. The records do not provide an alternate rationale for its use. This request is not medically necessary.

**Flector Patches #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics, page 111, discusses topical non-steroidal anti-inflammatory medications and states that the efficacy of this class of medications has been inconsistent and most studies are of short duration. The guidelines will thus support topical anti-inflammatory medications in some cases for short-term use but not for chronic use as in this case. The records do not provide an alternate rationale for this request. This request is not medically necessary.

**Preoperative discography of L3 to sacrum:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Low Back, Discography

**Decision rationale:** ACOEM Guidelines, Chapter 12, Low Back, page 309, discusses discography, noting that there is limited research-based evidence to support the use of this diagnostic modality. More nuanced analysis can be found in Official Disability Guidelines/Treatment in Workers' Compensation/Low Back, which discusses discography and states that this is not recommended and that high-quality studies have significantly questioned the use of discography as a preoperative indicator. Thus, the preoperative planning indication proposed in this medical record is not supported by the treatment guidelines. This request is not medically necessary.