

<b>Case Number:</b>	CM14-0015334		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Mississippi. 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 record for the review indicates that this 43-year-old individual was injured in July 2008. A request for discography was not certified in the preauthorization process. There are ongoing complaints of low back pain of a chronic nature. Lower extremity radiculopathy is noted on physical examination. An updated MRI noted multiple level degenerative disc disease with foraminal narrowing. Surgical intervention is being sought by the injured employee. A course of physical therapy has been completed. An orthopedic assessment noted the injured employee was not at maximum medical improvement, epidural steroid injections have been completed and that surgical intervention had been suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 DISCOGRAPHY L4-S1 WITH POST DISCOGRAPHY CT SCAN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12 (LOW BACK COMPLAINTS), 304-5

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); neck chapter; updated June, 2015

**Decision rationale:** The parameters in the Official Disability Guidelines (ODG) are noted to state such a study is "not recommended." Recent studies have condemned such a study as not being clinically indicated and are simply transference to fusion surgery. Therefore, when noting the date of injury, injury sustained, imaging studies completed and the physical examination, there is no clinical indication presented to support this request.