

<b>Case Number:</b>	CM14-0018284		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/29/2008
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 40-year-old male patient with a June 19, 2008 date of injury. A January 15, 2014 progress report indicates persistent low back pain radiating to the bilateral lower extremities. There is numbness and weakness in the bilateral legs. Physical exam demonstrates limited lumbar range of motion, bilateral ankles flexor, extensor, EHL weakness. A January 9, 2014 lumbar MRI demonstrates, at L4-5, posterior disk bulges of 2-3 mm; at L5-S1, 4-5 mm. There is mild left-sided L4-5 and L5-S1 neural foraminal narrowing. The patient underwent a previous lumbar diskogram on March 14, 2011 with evidence of disk degeneration at L5-S1 no evidence of degeneration at L4-5; formal report not available for review. A May 15, 2014 electrodiagnostic testing review is unremarkable findings. Treatment to date has included medication, activity modification. There is documentation of a previous February 6, 2014 adverse determination for lack of psychosocial evaluation; lack of guidelines support for discography; and lack of outcome following lumbar ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram at L3-S1 (injections):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 - 304.

**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), Discography.

**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 intradiskal 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, there is no evidence that the patient would meet surgical fusion criteria. There is no documentation of psychological clearance for the procedure. Testing should be limited to a single level and a control level. Discogram is not recommended to establish indications for fusion. Therefore, the request for a discogram at L3-S1 (injections) is not medically necessary or appropriate.

**Discography of the lumbar spine at L3-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**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), Discography.

**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 intradiskal 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, there is no evidence that the patient would meet surgical fusion criteria. There is no documentation of psychological clearance for the procedure. Testing should be limited to a single level and a control level. Discogram is not recommended to establish indications for fusion. Therefore, the request for a discography of the lumbar spine at L3-S1 is not medically necessary or appropriate.