

<b>Case Number:</b>	CM14-0019716		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	12/06/2006
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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:

The patient is a 61-year-old male who has submitted a claim for cervical spine myoligamentous injury with radicular symptoms to the upper extremities, lumbar spine myoligamentous injury with radicular symptoms to the lower extremities, lumbar facet syndrome, and medication-induced gastritis, associated with an industrial injury date of December 6, 2006. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent low back pain, rated 6/10, radiating to both lower extremities. He also complained of neck pain radiating down both upper extremities. On physical examination, there was tenderness of the posterior cervical musculature bilaterally. There were numerous trigger points throughout the cervical paraspinals, upper trapezius, medial scapular, and suboccipital regions bilaterally. There was also decreased cervical spine range of motion. Sensation was diminished along the lateral arm and medial aspect of the forearms bilaterally to the fourth and fifth digit. No motor deficits were reported and deep tendon reflexes were normal. Examination of the posterior lumbar musculature revealed tenderness bilaterally. Numerous trigger points were also noted along the lumbar paraspinals. There was decreased range of motion of the lumbar spine. Deep tendon reflexes were 2/4 in the patellae and 1/4 in the Achilles bilaterally. Straight leg raise was positive bilaterally and there was diminished sensation along the posterior lateral thigh and posterior lateral calf bilaterally. MRI of the lumbar spine dated August 22, 2013 demonstrated mild bilateral lateral recess stenosis and medial neural foraminal encroachment at the L3-4 and L4-5 levels secondary to facet arthropathy. Treatment to date has included medications, physical therapy, chiropractic care, home exercise program, lumbar epidural steroid injections, and trigger point injections. Utilization review from February 7, 2014 denied the request for provocative discogram L4-L5, L5-S1 with negative control at L3-L4 because literature stated that

reproduction of the patient's specific back complaints on injection of one or more discs is of little diagnostic value.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Provocative discogram L4-L5, L5-S1 with negative control at L3-L4: Upheld**

**Claims Administrator 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, Discography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** According to pages 308-310 of the ACOEM Practice Guidelines referenced by CA MTUS, discography is not recommended. Recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Discography does not identify the symptomatic high-intensity zone and concordance of symptoms with the disc injected is of limited diagnostic value. Studies recommend that there should only be a single level for testing, plus a control level. In this case, a discogram was requested to determine specific pain generators. A psychological clearance was likewise obtained. The records also discussed about the possibility of lumbar surgery pending the discography results. However, as mentioned above, recent studies do not support the use of discography as a preoperative indication. Moreover, testing should be limited to a single level and a control level only. Therefore, the request for provocative discogram L4-L5, L5-S1 with negative control at L3-L4 is not medically necessary.