

<b>Case Number:</b>	CM14-0129245		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 injured worker is a 28-year-old male who was injured on May 25, 2012 due to repetitively stooping down and lifting several pieces of sheet metal. The diagnoses are listed as L5 to S1 disc degeneration (722.52), bilateral lumbar radiculopathy (724.4), bilateral moderate foraminal stenosis L5, and mild lateral recess stenosis. The most recent progress note dated 7/3/14, reveals complaints of low back pain radiating into the buttocks and hips, with pain and numbness radiating down the bilateral anterior and posterior thighs into the shins and calves into the dorsal and plantar aspect of the feet rated a 5 to 6 out of 10 score on visual analog scale (VAS). Exam has showed decreased sensation at right L5 and S1, decreased range of motion (ROM) and muscle strength of 5/5. EMG studies showed no evidence of radiculopathy. MRI of the L/S spine dated 10/11/14 has revealed unchanged grade I retrolisthesis, moderate B/L neuroforaminal narrowing and 3 mm paracentral disc protrusion, but no evidence of nerve impingement. Prior treatment includes medications, lumbar support brace, and physical therapy. Current medications include Baclofen 10 milligrams, Neurontin 300 milligrams, Norco 10/325 milligrams, Miralax powder, Nexium delayed release (DR) 40 milligrams, Ultram 50 milligrams, and Xanax 0.5 milligrams. The provider has requested diagnostic discogram L5-S1 with negative control for surgical planning. A prior utilization review determination dated 3/19/2013 resulted in denial of discogram L5 to S1 and pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

**Decision rationale:** Since the discogram is not medically necessary according to guidelines, there is no need for a pain management consultation is not medically necessary.

**Discogram L5-S1 with negative control: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Lumbar & Thoracic ( Acute & Chronic Chapter).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

**Decision rationale:** Per guidelines, discography is not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. In addition, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. Discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not allow fusion). Discography is not a sensitive test for radiculopathy and has no role in its confirmation. In this case, the diagnostic studies have not shown any nerve root impingement, requiring surgical decompression. There is no evidence of spinal instability. There is no indication that the injured worker is a candidate for lumbar fusion. Furthermore, the injured worker does not meet the criteria based on the documentation per the guidelines therefore, this request is not medically necessary.