

<b>Case Number:</b>	CM14-0140284		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Orthopaedic Surgery and is licensed to practice in Texas. 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 Chronic Pain Medical Treatment Guidelines state that discography is not recommended for acute, sub-acute, and chronic lower back pain or radicular pain syndromes. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. Discogram outcomes have not been found to be consistently reliable for the low back, based upon recent studies. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this injured worker's clinical scenario. There is no compelling reason to support the medical necessity of this request in the absence of guideline support. Therefore, this request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram to Level L3-4, L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back

**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 Lumbar & Thoracic, Discography

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that discography is not recommended for acute, sub-acute, and chronic lower back pain or radicular pain syndromes. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. Discogram outcomes have not been found to be consistently reliable for the low back, based upon recent studies. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this injured worker's clinical scenario. There is no compelling reason to support the medical necessity of this request in the absence of guideline support. Therefore, this request is not medically necessary.