

<b>Case Number:</b>	CM14-0181418		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/18/11 when, while working at a car dealership and vacuuming a car, he had low back pain. Treatments included physical therapy, chiropractic care, acupuncture, and two lumbar epidural injections reported to have worsened his symptoms. Testing had included a lumbar spine MRI in March 2014 with findings of multilevel disc herniations and facet arthropathy. Electromyogram/ nerve conduction studies (EMG/NCS) testing in June 2014 is referenced as having shown findings of acute lumbar radiculopathies. He was seen by the requesting provider on 09/29/14. He was having low back and left leg pain, increased with activities. Medications were Motrin 800 mg one time per day. Physical examination findings included pain with lumbar spine range of motion. There was interspinous ligament tenderness at L4-5. There was lumbar paraspinal muscle tenderness with muscle spasms. There was normal strength. Straight leg raising on the left was positive. Authorization for lumbar discography and for an H-wave stimulator was requested.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic), Discography

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. EMG/NCS testing is reported as showing lumbar radiculopathy with an MRI showing multilevel disc herniations. Discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. The technique of discography is not standardized and there is no universally accepted definition of what constitutes a concordant painful response. There are no published intra-rater or inter-rater reliability studies on discography. The conclusions of recent, high quality studies on discography have suggested that reproduction of the patient's specific back complaints on injection of one or more discs is of limited diagnostic value and have not been shown to consistently correlate well with MRI findings. Guidelines recommend against performing discography in patients with acute, subacute or chronic low back pain or radicular pain syndromes. This request was therefore not medically necessary.

**H-Wave stimulator for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. Although H-wave stimulation is not recommended as an isolated intervention, guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option. In this case, the claimant has not undergone a trial of H-wave stimulation and therefore purchase of an H-wave unit is not medically necessary.