

<b>Case Number:</b>	CM14-0023143		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; facet injections and other interventional spine injections; and work restrictions. It does not appear that the applicant was working with limitations in place, however. In a Utilization Review Report dated February 6, 2014, the claims administrator denied a request for lumbar discography. The claims administrator stated that the applicant was a candidate for a lumbar discectomy as opposed to a fusion surgery. Both MTUS and non-MTUS Guidelines were sought. The applicant's attorney subsequently appealed. In a progress note dated August 23, 2013, the applicant did present with chronic low back pain. A 30-pound lifting limitation was endorsed. Facet joint injections were proposed. On September 24, 2013, discogram and pain management consultation were sought. It was stated that the applicant was a candidate for a lumbar fusion surgery. It was stated that MRI imaging of August 23, 2013 was notable for a moderate-to-severe spinal stenosis at L5-S1 and disk degeneration at L4-L5. Moderate lateral recess stenosis is also noted at L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DISCOGRAM OF L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, discography or CT discography are "not recommended." In this case, it is further noted that the applicant apparently has clinically evident, radio graphically confirmed radiculopathy at the level in question, L4-L5, effectively obviating the need for the proposed discogram. Therefore, the request is not medically necessary.

**DISCOGRAM OF L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, discography or CT discography are deemed "not recommended." In this case, as with the other request the applicant already has had a clinically evident, radio graphically confirmed radiculopathy at the levels in question. The proposed discography is therefore superfluous. Accordingly, the request is not medically necessary.

**DISCOGRAM OF L4-L5 AND L5-S1 WITH NEGATIVE CONTROL L3-4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Again, the request is not medically necessary both on the grounds that the applicant already has a clinically evident, radio graphically confirmed radiculopathy at the levels in question and on the grounds that the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 deems the request for procedure, discography, "not recommended." Accordingly, the request is not medically necessary.