

<b>Case Number:</b>	CM14-0025304		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/05/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 52-year-old male who reported an injury on 08/05/2012. The mechanism of injury was the injured worker was trying to carry an individual. The injured worker had been treated with a medial branch block and medications. The injured worker underwent surgical intervention. The injured worker underwent an MRI of the lumbar spine which revealed at the level of T9-10 through L2-3 were normal. At L3-4, above the surgical site, there was an annular tear and a focal 2 mm disc protrusion posteriorly and inferiorly not displacing the L3 ganglion or the L4 nerve roots. Additionally, the injured worker underwent a second MRI of the lumbar spine on 01/03/2014 which revealed at the level of L2-3 the disc level demonstrated small marginal osteophytes contributing to bilateral foraminal narrowing. The spinal canal was patent. At L3-4 the disc level demonstrated a 3 mm broad disc osteophyte complex with the right subarticular zone focal annular fissuring, mild decreased disc height loss, partial disc desiccation, mild ligamentum flavum buckling and facet arthropathy, as well as mild marginal osteophytosis contributing to mild bilateral foraminal narrowing and mild to moderate bilateral subarticular zone stenosis. The central spinal canal was patent. The documentation of 02/05/2014 revealed the injured worker had tenderness to palpation near the superior aspect of the previous incision. The diagnoses included lumbago and degenerative disc disease at L3-4 with retrolisthesis and annular tear. The injured worker underwent x-rays which revealed retrolisthesis of L3 on L4. The treatment plan included a discussion with the injured worker. The documentation indicated the physician opined that it was possible that the L3-4 segment was mediating the pain. The physician indicated they would like to get a discogram at L2-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DISCOGRAM L2-4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter, Discography.

**Decision rationale:** The Official Disability Guidelines do not recommended discography. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. It was indicated the physician wanted a discogram to see if the L3-4 segment was mediating the injured worker's back pain. However, given the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for discogram L2-4 is not medically necessary.