

<b>Case Number:</b>	CM14-0026685		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/09/2000
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 injured worker is a 62-year-old who sustained an injury to his low back on February 9, 2000. The injured worker continued to complain pain in the lower back and continued to rely on medications for relief that would provide him with the opportunity to participate in his activities of daily living. Physical examination noted loss of lumbar lordosis; range of motion is guarded to no more than 40 of forward flexion and 10 of extension with complaints of back pain; motor and sensory examinations of the lower extremities were normal; DTRs are 1-2+ in the bilateral upper extremities and 0-1+ in the bilateral lower extremities. The records indicate that the injured worker is post laminectomy syndrome of the lumbar spine and status post multiple back surgeries. The injured worker was recommended for a lumbar discogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR DISCOGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Discogram Section.

**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:** 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 Intradiscal Electrothermal Therapy 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. The request for a lumbar discogram is not medically necessary or appropriate.