

<b>Case Number:</b>	CM14-0026934		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Mississippi. 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 44 year-old female who was reportedly injured on 10/26/2012. The mechanism of injury is noted as a motor vehicle accident. The most recent progress notes from 1/8/2014 to 4/29/2014 indicate that there are ongoing complaints of low back pain with radiation to the lower extremities. Physical examination demonstrated no lumbar deformity, obliquity or scoliosis; tenderness in guarding the paraspinal muscles; lumbar range of motion: flexion 55, extension 14, left lateral bend 20, right lateral bending 22; lower extremity motor strength is 5/5; knee & ankle reflexes 2+ bilaterally; no clonus or spasticity; straight leg raise negative; normal gait without assistive device. Magnetic resonance imaging of the lumbar spine dated 1/2/2013 showed disc bulges at L4/5 and L5/S1; moderate to severe right-sided foraminal stenosis and mild to moderate left-sided foraminal stenosis at L4/5; mild to moderate left-sided foraminal stenosis at L5/S1; degenerative disc disease at L4/5. Electromyogram/nerve conduction study dated 2/6/2013 showed no evidence of peripheral neuropathy or active lumbar radiculopathy. Diagnosis: L4-S1 disc degeneration, scoliosis, right L5 radiculopathy. Previous treatment includes physical therapy, chiropractic care, acupuncture, H-wave therapy, lumbar epidural steroid injections and medications to include ibuprofen 800 mg and tramadol 50 mg. A request had been made for discogram L4/5 with control at L3/4 and was not certified in the utilization review on 2/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DISCOGRAM L4-5 WITH CONTROL AT L3-4:** Upheld

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

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

**Decision rationale:** The guidelines do not recommend lumbar discography, whether performed as a solitary test or when paired with imaging (e.g. MRI), for acute, subacute or chronic back pain, or for radicular pain syndromes. As such, in accordance with the ODG guidelines the request is not considered medically necessary.