

<b>Case Number:</b>	CM14-0027355		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	02/19/2014
<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 Neuromuscularskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 36 year old male who sustained a work related injury on 02/06/2012 as a result of picking up drums and loading them into a van. On most recent progress reports that patient complains of increased severity of lower back pain with radiation of pain into the left buttock and left leg. In addition, he complains of right hip pain. His pain is improved with standing. On examination the patient is exquisitely tender in his lower back and left buttock with an extremely restricted range of motion. Neurologically, the patient has 'no major motor or sensory deficits'. The patient was previously scheduled for a decompression procedure to the L4-5 and L5-S1 levels, but was cancelled because of uncontrolled diabetes. He has previously tried physical therapy and epidural steroid injections, as well as opioid pain medications. In dispute is a decision for DISOGRAM AT L4-L5 AND L5-S1 WITH A CONTROL AT L1-L2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DISOGRAM AT L4-L5 AND L5-S1 WITH A CONTROL AT L1-L2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

**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 - Lumbar & Thoracic (Acute & Chronic), Discography

**Decision rationale:** This diagnostic study is not recommended. 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 IDET 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. Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. MRI is considered the evidence base diagnostic study to determine the state of health regarding the intervertebral discs, which the patient has obtained (dated April 27, 2012) and clearly demonstrates pathology. Therefore this request is not medically necessary.