

<b>Case Number:</b>	CM14-0031726		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Orthopedic Surgery 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 64 year old male who sustained an injury to his low back on 07/01/12 due to cumulative trauma while performing his usual customary duties as a machine operator. Electromyogram/nerve conduction velocity (EMG/NCV) was unremarkable. Magnetic resonance imaging (MRI) of the lumbar spine revealed a lumbar disc herniation. Treatment to date included various treatments including acupuncture that provided little to no benefit. Surgery was recommended, but the injured worker was reluctant to undergo surgical intervention. The injured worker continued to complain of low back pain at 8/10 visual analog scale (VAS) that increased with bending, lifting, pulling, pushing, turning, and twisting. Physical examination noted diminished lordosis; slow gait; difficulty with heel toe walk; paraspinal and sciatic notch tenderness bilaterally range of motion extension 12 degrees, flexion 32 degrees, lateral bend right 12 degrees, lateral bend left 15 degrees; straight leg raise positive bilaterally; Lasegue test positive bilaterally; deep tendon reflexes 2+ throughout bilateral lower extremities; sensation to pin prick diminished over L5 and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar provocative discogram at L3-4, L4-5, L5-S1, with negative controls at L2-3, as an outpatient:** 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 (ODG) state that the conclusions of recent high quality studies on discography have significantly questioned the use of discography results as a pre-operative indication for either Intradiscal electrothermic therapy (IDET) or spinal fusion. These studies have suggested that reproduction of specific back complaints on injection of one or more discs is of limited diagnostic value. Invasive diagnostics such as provocative discography have not been proven to be accurate for diagnosing various spinal conditions and their ability to effectively guide therapeutic choices and improve ultimate patient outcomes is uncertain. The request for one lumbar provocative discogram at L3-4, L4-5 and L5-S1, with negative controls at L2-3 as an outpatient is not medically necessary given the clinical documentation submitted for review.