

<b>Case Number:</b>	CM14-0040736		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/05/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 31, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; an H-Wave device; transfer of care to and from various providers in various specialties; attorney representations; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for lumbar diskography, citing both MTUS and non-MTUS guidelines. The applicant's attorney subsequently appealed. In a June 24, 2013 progress note, the applicant was described as using Percocet, Elavil, acupuncture, and physical therapy. The applicant was placed off of work, on total temporary disability, on this occasion. It was stated that fusion surgery was not an option given the applicant's relative youth (24 years of age). It was stated that the applicant had had several MRI scans demonstrating disk bulges of uncertain significance. On March 21, 2014, a diskogram was ordered on the grounds that one of the applicant's other consulting providers had recommended the same. The applicant was placed off of work, on total temporary disability. It was stated that the applicant was exhibiting exaggerated pain behaviors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram of the Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309..

**Decision rationale:** As noted in the MTUS adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, diskography and/or CT diskography are deemed not recommended. In this case, no compelling applicant-specific information or medical rationale was attached to the request for authorization or application for Independent Medical Review so as to offset the unfavorable ACOEM recommendation. The applicant appears to be exhibiting pain- exaggerated behavior and is not, per his spine surgeon, a surgical candidate. It is unclear why diskography is being sought here. Therefore, the request is not medically necessary.