

<b>Case Number:</b>	CM14-0044386		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 33 year-old with a date of injury of 10/16/12. A progress report associated with the request for services, dated 02/27/14, identified subjective complaints of low back pain radiating into the lower extremity. Objective findings included tenderness to palpation of the facet joints and pain with range-of-motion. Motor and sensory functions were normal. MRI revealed desiccation and disc collapse. Diagnoses included low back pain, probably discogenic. Treatment has included oral and topical analgesics. A Utilization Review determination was rendered on 03/17/14 recommending non-certification of "Lumbar Discogram at L3-L4 level, QTY: 1 and Lumbar Discogram at L5-S1 level, QTY: 1".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Discogram at L3-L4 level, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Contents, treatment Guidelines, 19th edition (2014 web), Low Back section.

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that discography or CT discography is not recommended for the low back therefore, in this case, there is no documentation for the medical necessity of an L3-4 discogram.

**Lumbar Discogram at L5-S1 level, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Contents, treatment Guidelines, 19th edition (2014 web), Low Back section.

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that discography or CT discography is not recommended for the low back. Therefore, in this case, there is no documentation for the medical necessity of an L5-S1 discogram.