

<b>Case Number:</b>	CM14-0045701		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Physical Medicine & Rehabilitation, 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:

This 36 year-old patient sustained an injury on 4/10/13. Request(s) under consideration include Lumbar Discogram at L3-L4, L4-L5, and L5-S1 levels. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/5/13 noted ongoing low back pain with radiation into the left lower extremity; however, exam indicated good strength. Report dated 11/14/13 from the provider noted an MRI of the lumbar spine of 11/8/13 had showed discogenic changes at L4-5 and disc degeneration at L3-4. Exam noted intact motor strength in bilateral lower extremities. Diagnoses include lumbar degenerative disc disease with left leg radicular symptoms. Report of 3/6/14 had unchanged symptom complaints of low back pain with radiation into left leg.

### 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, L4-L5, and L5-S1 levels:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low back, Criteria for Discography.

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

**Decision rationale:** Guideline criteria were not met nor was there indication of instability requiring operative intervention with lumbar fusion. Diskography is frequently used prior to spinal fusions and certain disk related procedures. There is significant scientific evidence that questions the usefulness of diskography in those settings. While recent studies indicate discography to be relatively safe and have a low complication rate, some studies suggest the opposite to be true, with significant symptoms exhibited for years post-procedure. In any case, clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of symptoms, and, therefore, directing intervention appropriately. Per Guidelines for Lumbar Discogram, recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion as it does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. However, Diskography may be used where fusion is a realistic consideration, and despite the lack of strong medical evidence supporting it, diskography should be reserved only for patients who meet the criteria to include failure of conservative treatment, candidacy for lumbar fusion from instability, and cleared detailed psychosocial assessment, of which has not been demonstrated from the submitted reports. Submitted reports have not adequately demonstrated support for the discogram outside the recommendations of the guidelines. The Lumbar Discogram at L3-L4, L4-L5, and L5-S1 levels is not medically necessary and appropriate.