

<b>Case Number:</b>	CM14-0056567		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Family Practice, 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 51 year old female claimant sustained a work injury on 6/14/11 involving the ankle, shoulder, neck and low back. She was diagnosed with metatarsalgia, lumbar radiculopathy, shoulder strain, carpal tunnel syndrome, plantar fasciitis and ankle synovitis. She had undergone therapy, use of a TENS unit, hot/cold therapy and epidural steroid injections. An MRI of the lumbar spine in 2011 indicated no canal stenosis, multi-level disc protrusions, facet arthrosis and degenerative changes. A progress note on 1/21/14 indicated the claimant had continued pain in the involved areas. The lumbar spine had paravertebral spasms and decreased range of motion. The treating physician awaited a lumbar discogram as ordered by orthopedics.

### 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): 127.

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

**Decision rationale:** According to the ACOEM guidelines, discography is not recommended. It does not identify high intensity zones and symptoms with disc injection are of limited diagnostic value. The claimant had a prior MRI. There is no indication of planned surgery. Therefore the request for discography is not medically necessary.