

<b>Case Number:</b>	CM14-0061595		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 is a 47-year-old male with a date of injury reported on 7/12/12. As of 3/11/14 a request for there was documentation of subjective low back pain and objective antalgic gait, palpable tenderness and spasms over the lumbosacral junction, and decreased lumbar spine range of motion. The current diagnosis includes L4-S1 disc degeneration/facet arthropathy and L5-S1 annular tear. Treatment to date includes facet injections and medications. The medical report identified a request for lumbar Discogram for surgical planning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 Discogram with negative control:** 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.

**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, Discography.

**Decision rationale:** MTUS does not address the issue. ODG identifies discography as not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions

of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either Intradiscal Electrothermal Annuloplasty (IDET) or spinal fusion. Therefore, based on guidelines and a review of the evidence, the request for L4-S1 Discogram with negative control is not medically necessary.