

<b>Case Number:</b>	CM14-0064639		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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:

According to the records made available for review, this is a 62-year-old male with a 9/30/10 date of injury. At the time (3/27/14) of request for authorization for inject for spine disk x-ray, there is documentation of subjective (persistent neck and low back pain with radicular symptoms) and objective (tenderness to palpation over the posterior lumbar musculature with numerous trigger points throughout the paraspinal muscles, decreased lumbar range of motion, decreased Achilles reflexes, decreased strength of the bilateral lower extremities, and decreased sensation along the posterolateral thigh and calf in the L5-S1 distribution) findings, current diagnoses (lumbar myoligamentous injury with bilateral lower extremity radicular symptoms), and treatment to date (medications, lumbar facet injections, trigger point injections, physical therapy, and activity modification). In addition, medical report identifies a request for lumbar provocative discogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inject for spine disk x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Within the medical information available for review, there is documentation of diagnoses of lumbar myoligamentous injury with bilateral lower extremity radicular symptoms. In addition, there is documentation of medical reports identifying a request for lumbar provocative discogram. Therefore, based on guidelines and a review of the evidence, the request for inject for spine disk x-ray is not medically necessary.