

<b>Case Number:</b>	CM14-0194520		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Orthopedic Surgery and is licensed to practice in Georgia and South Carolina. 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:

The injured worker is a 42-year-old female who reported an injury on 11/03/2011. The mechanism of injury reportedly occurred due to a motor vehicle accident. The injured worker's diagnoses were noted to include right radiculopathy at C5-6 and lumbar spondylosis with disc herniation at L5-S1. Her past treatment was noted to include physical therapy, chiropractic care, acupuncture, and epidural. Her diagnostic studies were noted to include an MRI of the cervical spine which showed C5-6 disc herniation with foraminal stenosis and EMG showed right C6 radiculopathy. An MRI of the cervical spine dated 11/19/2013 revealed a C5-6 disc herniation with moderate right and moderate to severe left foraminal narrowing. A CT scan of the lumbar spine on 04/28/2013 revealed a left L5-S1 disc herniation. X-rays were reported to show disc space collapse at C5 and L4-5 and L5-S1. Per clinical note dated 09/15/2014, the patient complained of neck pain radiating to the right trapezius and arm to the thumb. She also had back pain radiating to the left, worse on the right. The patient had been treated with extensive therapy to include acupuncture, chiropractic, spinal decompression, pain management, and epidural steroid injections without resolution. Upon physical examination of the injured worker's cervical spine, there was no tenderness at the base of the cervical region. Spurling's test was positive on the right. There was referred pain upon palpation to the right trapezius area. Low back tenderness was present with motion decreased by 50%. The patient had positive straight leg raise bilaterally. Her current medications were noted to include Norflex, Advil, and Tylenol with codeine. The treatment plan consisted of discogram at L5-S1. The rationale for the request and a request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram at L5-S1:** 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): 303-305.

**Decision rationale:** The request for a discogram at L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state discography is not recommended for assessing patients with acute low back symptoms. Recent studies on discography do not support its use as a preoperative indication for either intradiscal electro thermal annuloplasty or fusion. Discography does not identify symptomatic high intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value, and it can produce significant symptoms in control more than a year later. Discography is very common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from discography and surgery. Within the documentation provided for review, there is evidence of right and left leg radicular symptoms, but there is no evidence of instability, spondylolisthesis or fracture that would require stabilization. In addition, the criteria states that a patient must be briefed on potential risks and benefits from discography and within the documentation there is no evidence that the patient has been briefed on risks and benefits from discography. Additionally, there is no clear documentation that the patient is a candidate for back surgery or has had a psychosocial assessment. Therefore, the request for discogram at L5-S1 is not medically necessary.