

<b>Case Number:</b>	CM14-0194869		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/22/2014
<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 Emergency Medicine 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 case involves an injured worker who sustained an injury on 9/11/2013. Mechanism of injury is described as a lifting injury. The patient has a diagnosis of low back pain and disc bulge. Medical reports reviewed and the last report available was 10/8/14. The patient complains of low back pain and bilateral leg pain. Objective exam reveals normal gait with tenderness and spasms to lumbar paraspinals; decreased range of motion with pain in all directions; normal strength and sensation; negative straight leg raise bilaterally; waddell's signs are positive; and discograms was requested to evaluation disc disruptions. An MRI of lumbar spine dated 1/8/14, revealed developing degenerative disc at L4-5 and L5-S1, L4-5 with central disc protrusion with mild broad based effacement of anterior surface of thecal sac with low grade facet arthropathy; and L5-S1 with mild degenerative joint disease plus broad based degenerative disc bulge without impingement of S1 roots or thecal involvement. An EMG/NCV of lower extremities dated 9/4/14 was normal. Current medications included tramadol. The patient has reportedly received 14 physical therapy sessions and acupuncture with no improvement. Patient has received epidural injection with no relief. Independent Medical Review is for Discogram of lumbar spine at L3-4, L4-5 and L5-S1.

### 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 at L3-L4, L4-L5 & 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): 304-305.

**Decision rationale:** As per MTUS ACOEM guidelines Discography is not recommended unless spinal fusion is to be considered. It has poor sensitivity and specificity as well as has side effects, such as worsening back pains. It may be considered after appropriate psychological assessment, if the patient is a surgical candidate and if the patient understands the risks involved in the procedure. Documentation fails all of these criteria; therefore, this request is not medically necessary.