

<b>Case Number:</b>	CM14-0200617		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	06/09/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 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:

The injured worker is a 31 year-old female, who sustained an injury on June 9, 2012. The mechanism of injury is not noted. Diagnostics have included: October 25, 2013 lumbar MRI reported as showing multi-level disc desiccation, L5-S1 disc protrusion, and facet hypertrophy with left neuroforaminal stenosis; December 11, 2013 lumbar x-rays reported as showing Grade 1 L5/S1 retrolisthesis. Treatments have included: LESI, physical therapy, medications. The current diagnoses are: lumbar disc desiccation, LS retrolisthesis, and cervical disc herniation. The stated purpose of the request for Consultation was not noted. The request for Consultation was denied on November 20, 2014. The stated purpose of the request for Discogram was due to the presence of disc desiccation and a discogram is necessary to determine if the desiccated level is symptomatic. The request for Discogram was denied on November 20, 2014, citing a lack of documentation of instability as noted on flexion/extension imaging. Per the report dated October 29, 2014, the treating physician noted complaints of lower lumbar pain. Exam showed negative straight leg raising tests, with lumbar spasm and guarding.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The requested Consultation is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has lower lumbar back pain. The treating physician has documented negative straight leg raising tests, with lumbar spasm and guarding. The treating physician has not documented the specific indications for this consult nor what the treating physician is anticipating from such a consult. The criteria noted above not having been met, Consultation is not medically necessary.

**Discogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304.

**Decision rationale:** The requested Discogram is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Discography, Pages 303-304, note that discography is only recommended if the injured worker is a current candidate for fusion, and has a psychological evaluation. The injured worker has lower lumbar back pain. The treating physician has documented negative straight leg raising tests, with lumbar spasm and guarding. The treating physician has not documented exam or diagnostic evidence that the injured worker is currently a surgical candidate for fusion, has radiographic or imaging evidence of spinal instability, nor had a current psychological evaluation. The criteria noted above not having been met, Discogram is not medically necessary.