

<b>Case Number:</b>	CM15-0102742		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old female, who sustained an industrial injury on January 8, 2013. He reported low back pain radiating up to the neck with associated headaches. The injured worker was diagnosed as having lumbago. On January 16, 2013, X-rays of the lumbar spine revealed spondylosis. On March 5, 2013, electrodiagnostic studies revealed findings consistent with chronic sacral one radiculopathy. On May 8, 2013, an MRI of the lumbar spine revealed diffuse congenital narrowing of the spinal canal. There was multilevel discogenic disease: 3mm posterior disk protrusion/extrusion at lumbar 3-4 and 3-4mm posterior disk protrusion/extrusion at lumbar 4-lumbar 5 and lumbar 5-sacral 1. There is bilateral facet arthropathy at lumbar 4-lumbar 5, 3mm anterior disk protrusion at lumbar 3-4 and lumbar 4-5, and exiting nerve root compromise at lumbar 3-4, lumbar 4-5, and lumbar 5-sacral 1. Treatment to date has included heat, a home exercise program, a lumbar epidural steroid injection, and medications including oral pain, topical pain, muscle relaxant, proton pump inhibitor, dietary supplement, anti-emetic, and non-steroidal anti-inflammatory. On March 16, 2015, the injured worker complains of constant sharp low back pain radiating into the lower extremities, which is unchanged. Bending, lifting, twisting, pushing, pulling, prolonged sitting and standing, and walking multiple blocks aggravates the pain. The pain is rated 8/10. The physical exam of the lumbar spine revealed palpable paravertebral muscle tenderness and spasm, guarded and restricted range of motion, numbness and tingling in the lateral thigh, anterolateral and posterior leg and foot in the L5 and S1 dermatomal patterns, and decreased strength of the L5 and S1 innervated muscles, extensor

hallucis longus and ankle flexors. The ankle reflexes were asymmetric. The treatment plan includes a discogram from L3-S1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**L3-L4, L4-L5 and L5-S1 Discogram:** Upheld

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

**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 Chapter, Discography.

**Decision rationale:** The patient presents with pain affecting the low back with radiation into the bilateral lower extremities. The current request is for L3-L4, L4-L5 and L5-S1 discogram. The treating physician report dated 3/16/15 states that the request authorization for the lumbar spine discogram from L3-S1, and considering a PLIF. The MTUS guidelines do not address the current request. The ACOEM guidelines state that discography for assessing acute, sub-acute, or chronic low back pain or radicular pain syndromes is not recommended. The ODG guidelines state that discography is not recommended, but that discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not allow fusion). In this case, spinal fusion has not been planned, the treating physician has only stated that there is a future consideration for a PLIF. Therefore, the request is not medically necessary.