

<b>Case Number:</b>	CM15-0019835		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female who sustained an industrial lifting injury to her back on October 5, 2012. A magnetic resonance imaging (MRI) demonstrated mild disc height facet arthropathy at L3-L4, L4-5 and L5-S1 with 1-2 mm disc protrusion at L4-5, L5-S1 and a 3-4 mm disc protrusion at L3-L4. The injured worker was diagnosed with lumbago and arthropathy. According to the primary treating physician's progress report on December 17, 2014 the injured worker continues to experience constant sharp, aching pain in the lower back that radiates bilaterally worse on the right side with numbness in the left foot. Examination of the lumbar spine demonstrated active and passive range of motion within normal limits and without pain. Positive straight leg raise on the right with +1 patella right reflex was documented with decreased motor strength at the hips and knees bilaterally. Diminished sensation of the lower extremities was noted. Current medications consist of Norco. The injured worker attended physical therapy without improvement. The treating physician requested authorization for L2-3, L3-4, L4-5 and L5-S1 lumbar discogram. On January 12, 2015 the Utilization Review denied certification for L2-3, L3-4, L4-5 and L5-S1 lumbar discogram. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines-Treatment & Workman's Compensation (ODG-TWC).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L2-3, L3-4, L4-5 and L5-S1 lumbar discogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Discography.

**Decision rationale:** CA MTUS is silent on the use of discography in management of low back pain complaints. ODG addresses discography in the section on low back. ODG states that discography is not recommended, citing multiple studies demonstrating that reproduction of pain with injection of the lumbar disc is of limited diagnostic value. Additionally, positive findings on discography do not correlate well with positive outcomes from spinal fusion surgery. Also discography is not recommended by ODG, ODG does outline criteria should provider and payer agree to perform the testing despite this no-recommendation. The criteria include: 1. Back pain of 3 months duration. 2. Failure of conservative therapy including active physical therapy. 3. MRI demonstrating at least one degenerative disc and at least one normal disc to allow for internal control. 4. Satisfactory results from detailed psychosocial assessment. 5. Used as a screening tool for surgical decision making. Discography should not be performed in patients who do not meet surgical criteria. 6. Single level testing with control only. Discography is not recommended by ODG. Regarding the criteria outlined should payer's agree to cover discography, the claimant does have pain of 3 months or more duration, does have documentation of failure of conservative therapy, does have an MRI demonstrating at least one degenerative disc and a normal disc for comparison but does not have a detailed psychosocial assessment. Lumbar discogram L2-L3, L3-L4 L4-L5, L5-S1 is not medically indicated.