MAXIMUS Federal Services

| Case Number: | CM15-0139344 | | |
|---|---|---|---|
| Date Assigned: | 07/29/2015 | Date of Injury: | 07/02/2012 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/21/2015 |

## 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
Certification(s)/Specialty: Emergency Medicine

## 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 47 year old male, who sustained an industrial injury on July 02, 2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical disc protrusion, cervical radiculopathy, cervical sprain and strain, thoracic muscle spasm, thoracic sprain and strain, lumbar myospasm, lumbar radiculopathy, lumbar sprain and strain, left shoulder sprain and strain, left lateral epicondylitis, right knee lateral meniscus tear, right knee sprain and strain, rule out right knee internal derangement, left knee sprain and strain, rule out left knee internal derangement, loss of sleep, anxiety, depression, irritability, and nervousness. Treatment and diagnostic studies to date has included physical therapy, magnetic resonance imaging of the cervical spine, chiropractic therapy, biofeedback sessions, magnetic resonance imaging of the lumbar spine, electromyogram, medication regimen, use of a low back brace, and acupuncture. In a progress note dated June 08, 2015 the treating chiropractor reports dull, achy, sharp pain to the neck; moderate, stabbing upper pain to the mid back pain; constant, moderate, burning pain to the low back; constant, moderate pain to the left shoulder; constant, moderate, throbbing pain to the left elbow; frequent, moderate, stabbing pain to the right knee; and constant, moderate, sharp, stabbing, throbbing pain to the left knee. Examination reveals decreased range of motion to the cervical spine with pain, tenderness and muscle spasm to the cervical paravertebral muscles, decreased range of motion to the thoracic spine with pain, tenderness and spasm to the thoracic paravertebral muscles, trigger points to the lumbar paraspinal muscles bilaterally, decreased range of motion to the lumbar spine with pain, tenderness and spasm to the lumbar

paravertebral muscles, tenderness to the left shoulder, positive supraspinatus press, painful range of motion to the left elbow, tenderness to the left elbow, positive Cozen's test, decreased range of motion to the bilateral knees with pain, tenderness to the bilateral knees with a positive McMurray's test. The injured worker's pain level was rated a 5 out of 10 to the neck, thoracic spine, and the right knee, a 6 out of 10 to the low back, a 7 out of 10 to the left elbow and the left knee, and an 8 out of 10 to the left shoulder. The treating physician requested a discogram at lumbar three to four, lumbar four to five, and lumbar five to sacral one, but the documentation provided did not indicate the specific reason for the requested treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram L3-4, L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Low Back - Lumbar & Thoracic/Discography (updated 05/15/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

**Decision rationale:** As per MTUS ACOEM guidelines, Diskography is not recommended unless spinal fusion is to be considered. It has poor sensitivity and specificity and 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. There is no rationale documented as to why this was requested. Discogram/ Discography is not medically necessary.