

<b>Case Number:</b>	CM15-0142196		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/08/2009
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice, Sports 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 (IW) is a 52-year-old male who sustained an industrial injury on 09-08-2009. Diagnoses include chronic pain syndrome; lumbosacral spondylosis without myelopathy; and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included medications, physical and aqua therapy; massage therapy, psychotherapy, facet joint injections, epidural steroid injections, diagnostic medial branch nerve blocks and radiofrequency lesioning of the medial branch nerves at L3-L5 on the right. Notes dated 2-25-2015 stated electrodiagnostic studies showed peripheral neuropathy. According to the progress notes dated 4-22-2015, the IW reported bilateral low back pain and pain in the right upper posterior leg and right buttock, rated 10 out of 10. He also reported the radiofrequency lesioning relieved his pain for about two months. On examination, his gait was slow and antalgic; he was unable to heel or toe walk. The lumbar spine was tender at the facets bilaterally and the sacral spine was tender at the sacroiliac joint on the right and at the sciatic notch bilaterally. Flexion and extension was restricted and painful, especially on the right with extension. Lower extremity assessment was normal. MRI of the lumbar spine on 1-11-2011 showed disc desiccation with loss of disc height, facet arthropathy and disc bulging at L5-S1; broad based disc protrusions at L3-4 and L4-5 were also noted. A request was made for lumbar discogram for diagnostic pre-operative purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Discogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12, Low Back Pain, Page 305.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for discography of the back. MTUS guidelines state the following: Despite the lack of strong medical evidence supporting it, discography, including MRI is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration. Failure of conservative treatment. Satisfactory results from detailed psychosocial assessment. (Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) Is a candidate for surgery. Has been briefed on potential risks and benefits from discography and surgery. The clinical documents lack documentation that the patient has met these criteria. According to the clinical documentation provided and current MTUS guidelines; discography, as written above, is not medically necessary to the patient at this time.