

<b>Case Number:</b>	CM15-0163315		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 25, 2008. In a Utilization Review report dated August 15, 2015, the claims administrator failed to approve a request for multilevel discography. The claims administrator referenced a July 31, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 20, 2015, the applicant reported ongoing complaints of neck and low back pain. Medications were refilled in a separate cover. The applicant had undergone earlier failed cervical spine surgery, it was reported. 8/10 pain complaints were reported. Hyposensorium about the lateral thigh with 4+ strength about the EHL musculature was appreciated. The applicant was asked to pursue a lumbar discogram. Little-to-no narrative commentary accompanied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 L3-4, L4-5, L5-S1 discography:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Lumbar & Thoracic (Acute & Chronic): Discography (2015).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 309.

**Decision rationale:** No, the request for multilevel lumbar discography was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, discography, i.e., the article at issue here, is deemed "not recommended." Here, the attending provider's May 20, 2015 progress note was thinly and sparsely developed and failed to furnish a clear or compelling rationale for selection of this particular diagnostic modality in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.