

<b>Case Number:</b>	CM15-0169298		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, Massachusetts  
 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 injured worker is a 56 year old male who sustained an industrial injury on 08-11-2011. Current diagnoses include discogenic lumbar condition, discogenic cervical condition, impingement syndrome of the left shoulder, status post decompression and labral repair, and chronic pain related to weight gain of 30 pounds, element of sleep and stress. Report dated 08-12-2014 noted that the injured worker presented with lumbar spine issues. Physical examination revealed mild tenderness along the rotator cuff, weakness to restricted function, decreased range of motion, tenderness along the lumbar spine, and facet loading is positive. Previous diagnostic studies include a CT scan in 2014, and lumbar spine MRI in 2013. Previous treatments included medications, surgical interventions, physical therapy, facet injections, back brace, hot and cold wrap. The treatment plan included requests for discogram of the lumbar spine, referral to another provider, requests for medications, and request for radiofrequency ablation. The injured worker last worked on 10-22-2011. The utilization review dated 08-24-2015, non-certified the request for a discogram of the lumbar spine based on the following rational. "There were no satisfactory results from a detailed psychosocial assessment documented prior to the requested service. Guidelines suggest only single level testing with control, and the request is non-specific as to level for the discogram."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Discogram of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter-Low back-lumbar and thoracic (7/7/15) Discogram.

**Decision rationale:** According to ODG, lumbar discogram is not routinely advised due to high false positive rate of this test. Additionally ODG recommends that lumbar discogram should only be performed after a detailed psycho-social assessment and as a screening tool to help in surgical decision making. Considering that these conditions have not been met, discogram is not medically necessary at this time.