

<b>Case Number:</b>	CM15-0185769		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/25/2002
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 69 year old female, who sustained an industrial injury on 8-25-2002. The injured worker was being treated for lumbosacral disc protrusion with radiculopathy. On 8-31-2015, the injured worker reported ongoing low back and left lower extremity pain, numbness, and weakness. The physical exam revealed blunting of the left great toe on pinwheel exam, weak bilateral heel and toe walk testing at 3 out of 5, moderate to marked left lumbar muscle spasm, and exquisitely tender to digital pressure at L4 (lumbar 4) and L5 (lumbar 5). On 7-20-2015, x-rays of the lumbar spine revealed mild degenerative changes without evidence of abnormal mobility with flexion and extension maneuvers. On 7-27-2015, an MRI of the lumbar spine revealed subtle low grade anterior listhesis of L4 (lumbar 4) on L5 (lumbar 5) vertebra with posterior disc slip and osteophyte that abutted the thecal sac. At L2-3 (lumbar 2-3), there was a broad based disc bulge that abutted the thecal sac. At L3-4 (lumbar 3-4), there was a broad based disc bulge that effaced the thecal sac. There was a posterior annular tear of the L5-S1 (lumbar 5-sacral 1) disc that may cause pain. At lumbar 5-sacral 1, there was a broad based disc bulge that effaced the epidural fat. Treatment has included chiropractic therapy, lumbar epidural steroid injections, and medications including pain and non-steroidal anti-inflammatory. On 9-8-2015, the requested treatments included a lumbar discogram at the L4-L5 and L5-S1 levels. On 9-15-2015, the original utilization review non-certified a request for a lumbar discogram at the L4-L5 and L5-S1 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 lumbar discogram L4-L5 and L5-S1 levels:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Surgical Considerations.

**Decision rationale:** Per Guidelines for Lumbar Discogram, recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion as it does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. However, Diskography may be used where fusion is a realistic consideration, and despite the lack of strong medical evidence supporting it, diskography should be reserved only for patients who meet the criteria to include failure of conservative treatment, candidacy for lumbar fusion from instability, and cleared detailed psychosocial assessment, of which has not been demonstrated from the submitted reports. Submitted reports have not adequately demonstrated support for the discogram outside the recommendations of the guidelines. The 1 lumbar discogram L4-L5 and L5-S1 levels is not medically necessary and appropriate.