

<b>Case Number:</b>	CM15-0189544		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 31 year old woman sustained an industrial injury on 7-16-2009. Diagnoses include cervical spine disc bulge, lumbar spine disc rupture, bilateral shoulder strain, right elbow strain, left elbow internal derangement, status post right carpal tunnel surgery, and left carpal tunnel syndrome. Treatment has included oral medications. Physician notes on a PR-2 dated 8-12-2015 show complaints of neck, low back, bilateral shoulders and arms, and bilateral wrist-hand pain. The physical examinations shows diminished sensation tot light touch in the right mid-anterior thigh, right lateral calf, and right ankle. Recommendations include cervical spine MRI, cervical and lumbar spine epidural steroid injections, surgical intervention, sacral discogram, chiropractic care, cervical spine pillow, pain medicine follow up, psychiatric follow up, optometrist follow up, orthopedic follow up, updated lumbar and cervical spine MRIs, and follow up in five weeks. Utilization Review denied a request for L3 sacrum discogram on 9-1-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-sacrum discogram:** 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) Low Back, Discography.

**Decision rationale:** CA MTUS is silent on the use of discography in management of low back pain complaints. ODG addresses discography in the section on low back. ODG states that discography is not recommended, citing multiple studies demonstrating that reproduction of pain with injection of the lumbar disc is of limited diagnostic value. Additionally, positive findings on discography do not correlate well with positive outcomes from spinal fusion surgery. Also discography is not recommended by ODG, ODG does outline criteria should provider and payer agree to perform the testing despite this no-recommendation. The criteria include: 1. Back pain of 3 months duration. 2. Failure of conservative therapy including active physical therapy. 3. MRI demonstrating at least one degenerative disc and at least one normal disc to allow for internal control 4. Satisfactory results from detailed psychosocial assessment. 5. Used as a screening tool for surgical decision making. Discography should not be performed in patients who do not meet surgical criteria. 6. Single level testing with control only. Discography is not recommended by ODG. Additionally, in this case, the request is for L3-sacrum discogram which is a multilevel request and not consistent with the recommendation for single level testing only. There is plan for ESI but no clear plan for surgical intervention. There has also been no psychosocial assessment. Lumbar discogram L3-sacrum is not medically necessary.