

<b>Case Number:</b>	CM15-0205669		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: 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 40 year old male who sustained an industrial injury on 9-27-12. The injured worker reported pain in the spine with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar spine strain sprain. Provider documentation dated 8-11-15 noted the work status as returning to full duty. Treatment has included lumbar epidural steroid injection, Ultram since at least June of 2015 and Lorazepam since at least June of 2015. Objective findings dated 8-11-15 were notable for decreased lumbar spine range of motion, positive straight leg raise on the right, paraspinal tenderness and spasms as well as sacroiliac joint tenderness. The original utilization review (10-8-15) denied a request for Discogram of Lumbar Spine and Post Discogram Lumbosacral orthotic brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram of Lumbar Spine:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Discography.

**Decision rationale:** MTUS Guidelines are not supportive of discography however an exception is allowed for if there is qualification for fusion surgery. This particular Guideline is somewhat dated. Updated ODG Guidelines do not support discography for any indications including surgical planning. Theoretically it would be useful to identify pain generators, however realistically this has not worked out and it is not considered an accurate test for any purposes. There are no unusual circumstances to justify an exception to the updated Guideline recommendations. The request for the Discogram of Lumbar Spine is not medically necessary.

**Post Discogram Lumbosacral orthotic brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Discography Low Back/Brace.

**Decision rationale:** MTUS Guidelines only support bracing short term for acute strains and sprains. ODG Guideline provide additional details and support at least a trial of bracing if there is a demonstrated fracture or instability which this individual does not have. In addition, the request is directly related to the request for discography which is not supported by Guidelines. Under these circumstances, the Post Discogram Lumbosacral orthotic brace is not supported by Guidelines and is not medically necessary.