

<b>Case Number:</b>	CM15-0209363		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 44 year old male, who sustained an industrial injury on 3-21-13. Medical records indicate that the injured worker is undergoing treatment for lumbar degenerative disc disease, mild to moderate lateral recess stenosis right lumbar four-five and lumbar five and sacral one, right leg radiculopathy, lumbar four-sacral one facet arthropathy, stenosis of lumbar three-lumbar five and chronic intractable pain. The injured worker is currently temporarily totally disabled. On (9-1-15) the injured worker complained of mid to lower back pain. The pain was rated 6-9 out of 10 without medications and 2-5 out of 10 with medications on the visual analog scale. The injured worker also noted that the low back pain radiated down the left lower extremity. The leg pain was rated 5-7 out of 10 without medications and 2-4 out of 10 with medications on the visual analog scale. The injured worker noted that he had difficulty with bathing, self-care, toileting, walking and climbing stairs and that his medications helped him perform these activities. Objective findings noted that the injured worker walked with a normal gait. Palpable tenderness to palpation was noted over the midline thoracic and lumbar spine and over the thoracic and lumbar paravertebral musculature. Motor strength was 5 out of 5 bilaterally. A straight leg raise test was positive bilaterally. Treatment and evaluation to date has included medications, urine drug screen, physical therapy, epidural steroid injection, a selective nerve root block, x-rays, MRI of the lumbar spine (1-21-15), acupuncture treatments, physical therapy and a lumbar laminectomy. Current medications include Norco and Robaxin. The Request for Authorization dated 9-1-15 included a request for a Discogram from L4-L5 and L5-

S1 with negative control. The Utilization Review documentation dated 9-24-15 non-certified the request for a Discogram from L4-L5 and L5-S1 with negative control.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Discogram from L4-L5 and L5-S1 with negative control:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References, and Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

**Decision rationale:** The ACOEM Guidelines recommend the use of CT or MRI when cauda equina syndrome, tumor, infection, or lower back fracture is strongly suspected but x-rays do not show the reason for the abnormal findings. MRI is preferred in general, especially if there is a history of prior back surgery. The ACOEM Guidelines do not recommend the use of discography (a discogram) in this setting. False positive results involving both the upper and lower back are not uncommon, and negative results also have limited reliability. Further, ongoing pain related to the procedure itself can occur. When discography is considered, the Guidelines require the worker to have had pain for at least three months, documentation of failed conservative treatment, satisfactory results from a detailed psychosocial assessment to limit the risk of negative effects, the worker to be a surgical candidate, and a documented discussion with the worker detailing the risks and benefits of discography and of surgery. The submitted and reviewed documentation indicated the worker was experiencing mid- and lower back pain that went into the legs. There was no discussion indicating the detailed reasons these studies were needed, demonstrating the above criteria, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a discogram from L4 and L5 with a negative control is not medically necessary.