

<b>Case Number:</b>	CM15-0209725		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/31/2005
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Texas, New York, 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 applicant is a represented 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 31, 2005. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve a request for a multi-level lumbar discogram. The claims administrator referenced an October 1, 2015 office visit in its determination. On November 3, 2015, the applicant reported an average pain score of 9/10. Ongoing complaints of low back pain radiating to left leg was reported status post earlier failed lumbar laminectomy surgery. The applicant was described as "relatively inactive due to his pain and injury." The applicant's medication list included Cymbalta for depression. The applicant was also using Zanaflex, OxyContin, Percocet, and Ativan, the treating provider stated in another section of the note. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On October 6, 2015, the applicant again reported an average pain score of 9/10. The applicant's medications included Prilosec, Zanaflex, Lunesta, Cymbalta, and Ativan, it was stated in various sections of the note. The applicant was using a cane to move about, the treating provider reported. OxyContin and Percocet were apparently renewed, the treating provider stated toward the bottom of the note. The applicant also reported worsening symptoms of anxiety. Provocative discogram was endorsed on this date in conjunction with flexion and extension x-rays of the lumbar spine. The attending provider also suggested that a diagnostic epidural steroid injection could prove beneficial here.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Discogram at L3-L4 and L5-S1 with negative control:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** No, the request for a discogram at L3-L4 and L5-S1 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, discography, i.e., the article in question, is deemed "not recommended" in the evaluation and management of applicants with low back pain, as was/is present here. The attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable ACOEM position on the same. It was not stated why so many different diagnostic studies to include the discogram at issue, flexion-extension lumbar spine x-rays, and a diagnostic epidural injection were all concurrently ordered on the same date of service, October 6, 2015. Therefore, the request was not medically necessary.