

<b>Case Number:</b>	CM15-0216090		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 28 year old male, who sustained an industrial-work injury on 5-29-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD) and lumbar disc degeneration. Treatment to date has included non-steroidal anti-inflammatory drug Mobic, epidural steroid injection (ESI) with no benefit, physical therapy for 1 month with no benefit, chiropractic with some relief, neuraxial injections with no relief, and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 8-11-15 reveals L4-5 disc protrusion, mild facet arthropathy, and mild foraminal narrowing without impingement. There is L5-S1 disc protrusion, mild facet arthropathy and bilateral foraminal narrowing with no impingement. Medical records dated 9-30-15 indicate that the injured worker complains of low back pain that radiates to the buttocks and thighs bilaterally. The pain is described as aching, throbbing, sharp, electrical, and tingling and numbness in nature. He rates the pain 8-10 on the pain scale and the pain is worsened by prolonged activities, laying down and driving. He reports that nothing makes the pain improve. The pain interferes with activities of daily living (ADL) and sleep. He reports that he has experienced weakness, loss of bladder control, and inability to maintain balance as a result of the pain. The physical exam reveals that he walks with a shortened stride with limp favoring the right. The lumbar exam reveals tenderness to palpation. The neurological exam reveals the lower extremities with abnormal findings bilateral 3 out of 5. The sensory exam is abnormal and reveals bilateral light touch, pressure and hyperesthesia. The physician indicates that the injured worker was referred for lumbar discography so that they can determine which discs are causing the pain so it can be

decided if surgery is the best option. The request for authorization date was 10-5-15 and requested service included Lumbar Discogram Bilateral L3-L4, L4-L5, and L5-S1 with computerized axial tomography (CT scan). The original Utilization review dated 10-13-15 non-certified the request for Lumbar Discogram Bilateral L3-L4, L4-L5, and L5-S1 with computerized axial tomography (CT scan).

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

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

**Lumbar Discogram Bilateral L3-L4, L4-L5, L5-S1 With CT Scan:** 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) Discography.

**Decision rationale:** Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Discography. Guidelines state the following: not recommended. According to the clinical documentation provided and current guidelines; Discography is not medically necessary to the patient at this time.