

<b>Case Number:</b>	CM15-0033929		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	07/22/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Minnesota, Florida  
Certification(s)/Specialty: Orthopedic Surgery

### 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 41 year old male, who sustained a work/ industrial injury on 7/22/10 when he was lowering a metal beam from the ceiling and the beam fell and struck him on the shoulder. He has reported symptoms of right shoulder, neck and back pain. Prior medical history was not documented. The diagnoses have included lumbar spinal stenosis at L4-5 and L5-S1 disc protrusions with annular tear, and spinal deconditioning. Treatments to date included medications. A sacroiliac joint block indicated it was not the pain source. Diagnostics included Magnetic Resonance Imaging (MRI) that revealed 3 to 4 mm central disc herniations at L4-5 and L5-S1 with bilateral neural foraminal narrowing at L3-4, unchanged. Medications included Zolpidem, Hydrocodone, and Ambien. The treating physician's report (PR-2) from 1/12/15 indicated the IW had complaints of increased pain in the back and legs, s/p sacroiliac joint block. Examination revealed focal tenderness at the lumbosacral junction and superior iliac crest and decreased range of motion with pain. A discogram at L3 through S1 was requested to confirm which of the two abnormal discs were causing the pain. On 2/4/15, Utilization Review non-certified a Discogram L3 through S1, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines and American College of Occupational and Environmental Medicine (ACOEM), Chapter 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram L3 through S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Discography.

**Decision rationale:** California MTUS guidelines indicate that recent studies on discography do not support its use as a preoperative indication for either intradiscal, electrothermal, annuloplasty, or fusion. Discography does not identify the symptomatic high intensity zone and concordance of symptoms with the disc injected is of limited diagnostic value. ODG guidelines do not recommend discography. As such, the request for discography is not supported, and the medical necessity of the request has not been substantiated.