

<b>Case Number:</b>	CM13-0036259		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old male with the date of injury of June 24, 2010. The specific mechanism of injury is not describing the medical records. The patient has chronic low back pain with radiation to the legs and numbness in the legs. The patient also has stiffness and intermittent neck pain. On physical examination there is tenderness to palpation in the cervical spine and tenderness to palpation in the low lumbar spine. There is a positive straight leg raise with atrophy of the left calf. There are hyperreflexic reflexes in the left lower extremity. Lumbar range of motion is limited. The patient had EMG studies in April 2012 that demonstrated bilateral L5 and S1 radiculopathy. Lumbar MRI from April 2012 revealed L4-5 disc protrusion effacing the cal sac and causing left foraminal narrowing. Pressure was seen over the left L4 exiting nerve root. At L5-S1 there was bilateral foraminal narrowing resulting in some pressure over the left L5 nerve root. There was grade 1 retrolisthesis of L5 over S1. Conservative care has included activity modification, medications, and cervical fusion. Patient has also had physical therapy and chiropractic therapy. At issue is whether provocative discogram at L3-4, L4-5, and L5-S1 is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Provocative discogram L3-4, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Physician Reviewer's decision rationale: This patient does not meet established criteria for lumbar discography. The medical records do not indicate that there is any lumbar instability or any other red flag indicators necessary for spinal fusion surgery. Spinal fusion is clearly not medically necessary in this patient because there is no documented spinal instability in the medical records and the patient has multiple levels of lumbar degenerative disc condition. Lumbar discography is a past of equivocal benefit. It may be useful only when surgical fusion is appropriate and only for surgical planning purposes. The discogram test is used to determine which symptomatic this may need fusion. Since fusion is not medically necessary in this case, there is no clinical role for discography. Therefore MTUS & ODG guidelines for discography use are not met.

**Post disco computed tomography (CT) scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Since the discogram is not medically necessary, then the post discogram CAT scan is also not medically necessary. The patient does not meet criteria for discogram.