

<b>Case Number:</b>	CM13-0068962		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	08/03/1989
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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. The expert reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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/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:

This patient is a 42 year-old with a date of injury of 08/03/89. A progress report dated 11/21/13 identified subjective complaints of low back pain with a minimal radicular component. Objective findings included tenderness to palpation of the lumbar spine with limited range-of-motion. There was mild weakness of the extensor hallucis on the left. An MRI on 11/01/13 revealed disc herniation at L4-5 and mild herniation at L5-S1. Treatment has not included any medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-5.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that discography or CT discography is not recommended. Likewise, the study of choice for lumbar disc disease is an MRI, which was performed on 11/01/13. Therefore, in this case, there is no documentation for the medical necessity for a discogram.

**One post discogram computed tomography (CT) scan of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Unknown prescription for topical analgesic pain compound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009) Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Topical therapy with unknown ingredients does not represent special circumstances for treatment. Therefore, there is no documentation for the medical necessity of a topical compound without specification of ingredients.