

<b>Case Number:</b>	CM14-0164010		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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:

According to the records made available for review, this is a 51-year-old female with a 12/7/11 date of injury. At the time (8/25/14) of request for authorization for Lumbar CT discogram with dye to levels L1-L5, there is documentation of subjective (low back pain radiating to the bilateral legs) and objective (tenderness to palpation over the lumbar spine, positive straight leg raise bilaterally, and trigger point noticeable in the lumbar paraspinal muscles bilaterally) findings, current diagnoses (lumbar spine degenerative disc disease), and treatment to date (medications). Medical report identifies that MRI lumbar spine (5/13/14) was received. In addition, medical reports identify that the patient is a surgical candidate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar CT Discogram with dye to levels L1-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute and Chronic), Discography

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

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Therefore, based on guidelines and a review of the evidence, the request for Lumbar CT discogram with dye to levels L1-L5 is not medically necessary.