

<b>Case Number:</b>	CM14-0024973		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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:

This 57-year-old male retired deputy sheriff sustained an industrial injury on 8/3/09. The mechanism of injury was not documented. Conservative treatment included left lumbar L3, L4, and L5 medial branch radiofrequency ablation and left L4/5 and L5/S1 transforaminal epidural steroid injections. The 12/16/13 lumbar MRI impression documented disc desiccation at L4/5 with 2 mm central disc protrusion and annular tear. There was minimal flattening of the central ventral thecal sac without displacement of the L5 nerve roots. At L5/S1, there was minimal narrowing, a minute central annular fissure, and no central or lateral recess stenosis. The 1/27/14 treating physician report cited persistent low back pain radiating to the left lower extremity. Medications reportedly control the pain, but he had daily pain issues. Exam findings documented left buttock tenderness to palpation, limited range of motion, and normal lower extremity strength. MRI findings demonstrated an annular tear at L4/5 with disc pathology causing mild impingement of the bilateral L5 nerve roots. There was mild disc pathology at L5/S1 also. The treating physician recommended a discogram for diagnostic reasons to assess L4/5 and L5/S1 using L3 as a control per recommendation from the surgical consultant. The patient was deemed an appropriate surgical candidate and had exhausted all conservative measures. The provider also recommended left L4/5 and L5/S1 transforaminal epidural steroid injections. The 2/14/14 utilization review denied the request for discography as there was no evidence based medical guidelines support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TESTING: LEFT LUMBAR L3-L4, L4-L5, L5-S1 DISCOGRAM-72295:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Official Disability Guidelines Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Discography.

**Decision rationale:** The ACOEM revised low back guidelines state that discography is not recommended for acute, sub-acute, and chronic lower back pain or radicular pain syndromes. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. Discogram outcomes have not been found to be consistently reliable for the low back, based upon recent studies. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this patient's clinical scenario. There is no compelling reason to support the medical necessity of this request in the absence of guideline support. Therefore, this request for is not medically necessary.