

<b>Case Number:</b>	CM14-0099897		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Neurology 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:

There is a PR2 from December 23, 2013, which indicated the insured had complaints of low back pain that radiates down to the right leg. Examination of the lumbar spine revealed reduced range of motion. Straight leg raise was negative bilaterally and neurologic examination was intact to motor, strength, sensation and deep tendon reflexes. Diagnosis was listed as L4-L5 spondylosis and stenosis with spondylolisthesis. MRI lumbar spine report from 01/14/14 indicated L4-L5 severe facet degeneration with irregularity of the pars interarticularis with subtle bilateral pars defect with a 5 mm anterolisthesis seen. There was moderate to severe right foraminal stenosis. The PR2 of February 3, 2014, indicated persistent pain with report that medication doing temporary relief of symptoms. The insured was reported to be awaiting a discogram. Physical exam indicated neurologic exam showing intact motor, strength, sensation and deep tendon reflexes with straight leg raise negative bilaterally. The treating physician was recommending a discogram with the insured reporting multilevel lumbar degenerative disc disease as the insured was interested in pursuing, the insured was recommended for a preoperative discogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Discogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Hegmann,K Occupational Medicine Practice Guidelines , 2nd edition 2008 p 714-715

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -low back, discogram

**Decision rationale:** The medical records do not support that there is a normal disc level by MRI for use as control. The medical records indicate all lumbar segments are involved. There is also no documentation of a satisfactory psychological assessment in support of proceeding with discography. ODG does not support discography in absence of these.