

<b>Case Number:</b>	CM14-0169304		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker is a 44 year old male who sustained an industrial related injury on 10/27/09. The injured worker had complaints of lumbar back pain with lower extremity weakness. Treatment included radiofrequency ablation, heat application, and use of a TENS unit. Prescriptions included Flector patch, Norco, Gabapentin for pain and Nortriptyline for insomnia and neuropathy. Diagnoses included low back pain, chronic pain syndrome, and lumbar facet syndrome. The 2010 and 2013 MRI of the lumbar spine showed degenerative disc disease, facet arthropathy, disc bulge at L5-S1 but no significant spinal stenosis. The 2013 EMG/NCV studies did not show any evidence of lumbar radiculopathy. The treating physician requested authorization for lumbar discography at L5-S1 with interpretation and a follow-up with a pain management specialist. On 10/8/14 the requests were non-certified. Regarding lumbar discography, the utilization review (UR) physician cited the Official Disability Guidelines (ODG) and noted the medical records did not suggest the injured worker was a candidate for lumbar fusion. The UR physician noted the success rate for resolution of isolated low back pain with arthrodesis based on discography is low. Therefore the request was non-certified. Regarding the pain management follow-up, the UR physician cited ODG and noted since the request for discography was non-certified a follow up visit for review of the results was also non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Other-Lumbar Discography at L5-S1 with interpretation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Pain Chapter Discography

**Decision rationale:** The CA MTUS (ACOEM) and the ODG guidelines recommend that Discography can be utilized for pre-operative evaluation to localize the sites and extent of lumbar fusion surgery. The records did not show that the patient was being evaluated in preparation for lumbar fusion surgery. The MRI of the lumbar spine did not show significant findings that required lumbar fusion. The EMG /NCV studies was reported as normal. The criteria for L5-S1 Discography was not met.

**Follow-up with Pain management specialist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar and Thoracic Discography

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87,89,127. Decision based on Non-MTUS Citation Pain Chapter Referrals to Specialists

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that chronic pain patients can be referred to specialist for evaluations and treatment when the diagnosis is uncertain or the additional expertise care is necessary. The records indicate that the patient had previously completed interventional pain procedures without significant sustained beneficial effects. The MRI and EMG/NCV studies findings did not show evidence significant findings or evidence of radiculopathy that would be amenable to interventional pain procedures. The patient is reporting pain relief with utilization of current medications. The criteria for Follow Up with Pain Management Specialist was not met.