

<b>Case Number:</b>	CM15-0146514		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	03/12/2010
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### **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, California  
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### **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 55 year old male, who sustained an industrial injury on 3-12-2010. He reported low back and groin pain following heavy lifting activity. Diagnoses include lumbar spine herniated nucleus pulposus with radiculopathy, annular fissures, disc herniation, stress, anxiety, depression, and sleep apnea. Treatments to date include medication therapy, physical therapy, chiropractic therapy, acupuncture treatments, TENS unit, trigger point injections, and epidural steroid injections. Currently, he complained of low back pain with radiation to bilateral lower extremities, right greater than left. On 7-6-15, the physical examination documented lumbar tenderness with decreased range of motion and muscle guarding. The appeal requested authorization for a lumbar discography at L2-3, L3-4, L4-5, and L5-S1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective one lumbar discography at L2-3, L3-4, L4-5, L5-S1 (DOS 6/8/2011): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12  
Low Back Complaints Page(s): 66.

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

**Decision rationale:** This claimant was injured in 2010 with diagnoses of lumbar spine herniated nucleus pulposus with radiculopathy, annular fissures, disc herniation, stress, anxiety, depression, and sleep apnea. There is still low back pain with radiation to the bilateral lower extremities, right greater than left. Per the California MTUS ACOEM guidelines, Chapter 12, page 304, and other evidence-based sources, recent studies on discography condemn its use as a preoperative indication for either IDET or Fusion. The guides cite: Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value (common in non-back patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Therefore, the request is not retrospectively certified based on the evidence-based guideline review.