

<b>Case Number:</b>	CM15-0073587		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 56-year-old female, with a reported date of injury of 03/07/2013. The diagnoses include intermittent left leg radiculopathy, L4-5 stenosis, L4-5 and L5-S1 facet arthropathy, and chronic intractable pain. Treatments to date have included an MRI of the lumbar spine, oral medications, and a single point cane. The progress report dated 04/01/2015 indicates that the injured worker continued to have severe complaints of low back pain with radiation to the bilateral lower extremities. She rated the pain 9-10 out of 10 without medications, and 5-6 out of 10 with medications. The physical examination of the lumbar spine and lower extremities showed an antalgic gait, no evidence of scoliosis, normal lordosis, and tenderness to palpation of the bilateral paravertebral muscles, no tenderness over the bilateral sacroiliac joints, decreased sensation on the bilateral L4, L5, and S1 dermatomes, and positive bilateral straight leg raise test. The progress report dated 03/06/2015 indicates that the injured worker rated the pain 8-10 out of 10 without medications and 6-7 out of 10 with medications. The treating physician requested lumbar discogram at L4-5 with negative control. It was noted that the injured worker had a large disc herniation, stenosis, and facet arthropathy and would require a large discectomy and wide decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar discogram L4/L5 with negative control:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines, Low Back Chapter Discography Section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The requested Lumbar discogram L4/L5 with negative control is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Discography, Pages 303-304, note that discography is only recommended if the injured worker is a current candidate for fusion, and has a psychological evaluation. The injured worker has low back pain with radiation to the bilateral lower extremities. She rated the pain 9-10 out of 10 without medications, and 5-6 out of 10 with medications. The physical examination of the lumbar spine and lower extremities showed an antalgic gait, no evidence of scoliosis, normal lordosis, and tenderness to palpation of the bilateral paravertebral muscles, no tenderness over the bilateral sacroiliac joints, decreased sensation on the bilateral L4, L5, and S1 dermatomes, and positive bilateral straight leg raise test. The treating physician has not documented psychological clearance. The criteria noted above not having been met, Lumbar discogram L4/L5 with negative control is not medically necessary.