

<b>Case Number:</b>	CM15-0093780		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: 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 44 year old male, who sustained an industrial injury on 5/07/2010. He reported low back pain while performing lifting activity. Diagnoses include radiculitis, foraminal stenosis, lateral recess stenosis, status post hemilaminotomy. Treatments to date include rest, medication therapy, physical therapy, and epidural injections. Currently, he complained of constant lower back pain with radiation down lower extremities, right greater than left. Pain was rated 6/10 VAS on average and 9/10 VAS at worst. On 4/8/15, the physical examination documented palpable muscle spasms and limited range of motion due to pain. There was decreased sensation in the right foot noted. A straight leg raise test was positive on the right side. The treating diagnoses included lumbar foraminal stenosis and persistent radiculopathy, stenosis, and status post hemilaminotomy. The plan of care included lumbar revision decompression stabilization at L5/S1; however, the provider documented that due to disc bulging with fissuring at L4-5, a discogram was necessary at levels L3-4, L4-5, and L5-S1. This appeal request is for the discogram at L3-4, L4-5 and L5-S1 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram at L3/4, L4/5, and L5/S1 (Lumbar/sacroiliac): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

**Decision rationale:** Per the MTUS Guidelines, the use of lumbar discogram is not useful in identifying the symptomatic high-intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value. The discogram can produce significant symptoms in controls more than a year later. Discograms are supported by these guidelines when a fusion is a realistic consideration, and it is expected that the discogram may provide supplemental information prior to surgery. The request for this procedure is accompanied by discussion of plans for spinal fusion. However, the MTUS Guidelines caution against the use of discogram, particularly in subjects with emotional and chronic pain problems because this profile has been linked to reports of significant back pain for prolonged periods after injection. Per available documentation, the injured worker does have a history of chronic pain. The request for Discogram at L3/4, L4/5, and L5/S1 (Lumbar/sacroiliac) is determined to not be medically necessary.