

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/12/2013
Date of Injury: 10/1/2012
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0012707

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California, Ohio and Pennsylvania. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 10/01/2012. The patient's diagnoses include a lumbar disc herniation and lumbar neuritis. MRI of the lumbar spine of 12/24/2012 demonstrated degenerative disc and facet joint disease as well as a protrusion at L4-5 and possible bilateral nerve root impingement at L5 and also mild left foraminal stenosis at L5-S1.

On 06/28/2013, the provider submitted a supplemental report and a request for authorization, noting the patient had low back pain radiating to the right leg and was asking for surgery to the low back. The provider recommended a discogram prior to surgery and also recommended a refill of Norco and Norflex.

The initial physician reviewer noted that discography was not recommended since the guidelines do not recommend discography and since imaging findings did not support the need for lumbar fusion. Per that reviewer, it was noted that preoperative urinalysis was recommended prior to invasive urological procedures or those undergoing implantation of foreign materials, but this patient did not meet those criteria.

IMR DECISION(S) AND RATIONALE(S)

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

1. Pre-op Urinalysis is not medically necessary and appropriate.

The Claims Administrator based its decision on The Official Disability Guidelines (ODG), Low Back and Pre-operative Lab testing, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Drug Testing, page 43, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines, section on drug testing, page 43, states, "Recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs." Given this patient's use of opioid medications, there may be an ongoing indication for drug testing. However, the specific request at this time is for preoperative labs. The records do not indicate that surgery has been certified, and it is uncertain whether surgery is indicated. Therefore, it would not be possible to apply preoperative lab guidelines when there is no operation which has been deemed to be necessary. Therefore, this request is not medically necessary.

2. Lumbar Discogram L3-S1 is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Chronic Pain Guidelines, page 43; American College of Occupational and Environmental Medicine (ACOEM), Guidelines, 2nd Edition, (2004), pages 308-310, which is part of the MTUS and the Official Disability Guidelines (ODG), Low Back Section, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12; Low Back, page 309 which is part of the MTUS and the Official Disability Guidelines (ODG), Low Back Section, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The ACOEM chapter on low back states, "Not recommended: CT discography." This recommendation is further discussed in the Official Disability Guidelines for treatment of Workers' Compensation/Low Back, which states regarding discography, "Not recommended... recent high-quality studies on discography have significantly questioned the use of discography results as a preoperative indication." Therefore, multiple guidelines support the lack of apparent benefit or accuracy from the requested discography procedure. The records do not provide alternative rationale as an exception. This request is not medically necessary.

/bd

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0012707