
Notice of Independent Medical Review Determination

Dated: 10/1/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

9/12/2008

7/17/2013

CM13-0001858

- 1) MAXIMUS Federal Services, Inc. has determined the request for L5-S1 discogram **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for pain management consultation **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for L5-S1 discogram **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for pain management consultation **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision 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. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

“Nurse Clinical summary: DOI: 9/12/08. Per 9/17/12 PR-2: continued pain. PX: lumbar+ SLR; pain with flexion and extension. Per 9/17/12 note: sharp low back pain. Failed rest, medications, PT, and injections. Evidence of disc herniation at L5-S1 with foramina! stenosis. PX: includes weakness right great toe. Per 10/15/12 PR-2: still with neck and low back pain without improvement with conservative treatment PX: +SLR with spasms and tenderness to lumbar; pain with lumbar flexion and extension, decreased ROM; + spasms cervical. Possible candidate for artificial disc replacement at L5-S1 if discogram is positive. Per 6/27/13 PR-2: low back pain with numbness and tingling to legs; failed conservative treatment, NSAIDs, muscle relaxants; pain worsening. PX: + SLR bilateral with spasms and tenderness. 60 flexion. 30 extension. Prior requests for discogram denied.”

Documents Reviewed for Determination:

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

- Application for Independent Medical Review (received 7/17/2013)
- Utilization Review Determination from [REDACTED] (dated 7/8/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for L5-S1 discogram:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, table 12-8, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and additionally found pg. 305, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a lifting injury on 9/12/08. The medical records submitted for review document low back pain and indicate diagnoses include cervical herniated nucleus pulposus and lumbar herniated nucleus pulposus. Prior treatment has included ice, physical therapy, chiropractic treatment, epidural steroid injections, and opioid analgesics. A request has been submitted for L5-S1 discogram.

ACOEM guidelines note that discography is not recommended unless it meets the set criteria including satisfactory results from a detailed psychosocial assessment. Discography in patients with emotional and chronic pain problems have "been linking to significant back pain for prolonged periods after injection, and therefore should be avoided". A submitted medical report dated 8/22/2012 indicates 8 sessions of individual psychotherapy sessions were recommended due to significant psychological overlay. However, there is no evidence in the documents submitted that suggest a course of psychotherapy was utilized. The guidelines do not support discography in this case. The requested L5-S1 discogram **is not medically necessary and appropriate.**

2) Regarding the request for pain management consultation

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on American College of Occupational and Environmental Medicine (ACOEM), (current edition), Chapter 7 – Independent Medical Examinations and Consultation, pages 127 and 156, a medical treatment guideline, not part of the Medical Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM), (2004), 2nd Edition, Cornerstones of Disability Prevention and Management, page 89-92, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a lifting injury on 9/12/08. The medical records submitted for review document low back pain and indicate diagnoses include cervical herniated nucleus pulposus and lumbar herniated nucleus pulposus. Prior treatment has included ice, physical therapy, chiropractic treatment, epidural steroid injections, and opioid analgesics. A progress report dated 6/27/13 indicates the employee continues to experience neck and low back pain. A request has been submitted for L5-S1 discogram.

ACOEM guidelines state that a “referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan”. The reviewed medical records indicate the employee has been treated for chronic pain after a work-related injury sustained over 5 years ago and may benefit from additional expertise. The request for a pain management consultation **is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

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.