

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	7/1/2009
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0002179

- 1) MAXIMUS Federal Services, Inc. has determined the request for **CT discogram L3-S1 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 **CT discogram L3-S1** is not **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 Orthopedic Surgeon , 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.

### **Expert Reviewer Case Summary:**

The employee is a 57 year old male who reported an injury on 07/01/2009. He started complaining of low back pain, which radiates into his left buttock and down through the back of his left lower leg, on 01/12/2010. The employee has been treated with physical therapy, home exercise, aquatic therapy, and three epidural steroid injections, the most recent injection was done on 05/31/2013. The employee reported an increase in pain following the injection. He rates his pain as 6-8/10.

### **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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for a CT discogram L3-S1:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS American College of Occupational and Environmental Medicine (ACOEM) (2<sup>nd</sup> Edition, pages 303-305) which is a part of the MTUS and the Official Disability Guidelines (ODG) Low Back Discography, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pg. 303-305, Special Studies and Diagnostic and Treatment Considerations, which is a part of the MTUS.

Rationale for the Decision:

MTUS/ACOEM Guidelines indicate that recent studies on discography do not support the use of this test as a preoperative indication as it does not identify the symptomatic high intensity zone, symptoms occur in non back issue employees as well, and the test itself can produce symptoms in the control disc. However, the guidelines specify that discography may be considered only if the employee has back pain for 3 months, is a candidate for surgery and has been briefed on possible risks and benefits of the procedure, failed conservative treatment, and had satisfactory results from a detailed psychosocial assessment. According to the medical records provided for review, the employee is a surgical candidate and wants to proceed with a CT discogram (L3-S1) to verify pain generating levels, prior to making a surgical recommendation. The MD noted that the risks and benefits of the test were explained to the employee. Though most of the qualifying conditions for discography have been met, the employee has not had the required psychosocial assessment. The guidelines required that all of the listed criteria be met prior to considering discography. **The request for a CT discogram L3-S1 is not 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,

Paul Manchester, MD, MPH  
Medical Director

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

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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.