

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/8/2013 |
| Date of Injury: | 6/23/2011 |
| IMR Application Received: | 8/5/2013 |
| MAXIMUS Case Number: | CM13-0006815 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar discogram from L4-S1 with negative control and fluoroscopy for surgical is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 **lumbar discogram from L4-S1 with negative control and fluoroscopy for surgical 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 Surgery 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.

Expert Reviewer Case Summary:

The patient is a 49-year-old male who reported a work-related injury on 06/23/2011 as a result of strain to the lumbar spine. MRI of the lumbar spine dated 08/27/2011 signed by Dr. [REDACTED] reported: (1) there was spondylosis with disc degeneration at L4-5 and L5-S1 with the following most significant findings, at the L4-5 level decreased disc signal and space height; there was a 6 mm broad left foraminal bulge or protrusion abutting the displacing the left L4 nerve and a moderate to severely stenotic neural foramen. The disc indents the thecal and combines the posterior element hypertrophy to result in mild to moderate central canal stenosis; there is inferior and/or anterior brightening on T2 weighted images; (2) at the L5-S1, a decreased disc signal and space height; there was a 5 mm broad left greater than right protrusion and moderately severe left greater than right neural foraminal stenosis and disc abutting and displacing the exiting L5 nerves; the disc indents the thecal sac and abuts the left S1 nerve; the central canal is slightly reduced. The clinical note dated 05/07/2013 reported the patient was seen for followup under the care of [REDACTED], MS, PA-C. The provider documents the patient met with Dr. [REDACTED] who recommended a lumbar discogram procedure for surgical planning. The provider documented the patient presented with moderate to severe pain at the low back with paresthesias in the left lower extremity. The patient stated his pain was constant; the provider documented tenderness upon palpation of the lumbar paraspinous area, as well as the cervical paraspinous area. The provider requested authorization for an urgent discogram procedure. The clinical note dated 06/20/2013 reported the patient was seen for followup under the care of Dr. [REDACTED]. The provider documented upon physical exam of the patient, 5/5 motor strength was noted throughout; 2+ reflexes symmetric noted throughout. The patient had normal range of motion of the lumbar spine; however, pain was elicited. There was decreased sensation in the left L4 and S1 dermatome. The provider documented the patient was recommended to undergo lumbar discogram from L4-S1 with negative control for surgical planning.

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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for lumbar discogram from L4-S1 with negative control and fluoroscopy for surgical: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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 12, pages 304-305.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pgs. 304-305, Online Edition, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that “Despite the lack of strong medical evidence supporting it, discography is fairly common and when considered, it should be reserved only for patients who meet the following criteria: (1) back pain of at least 3 months duration; (2) failure of conservative treatment; (3) satisfactory results from a detailed psychosocial assessment; (4) is a candidate for surgery; (5) has been briefed on potential risks and benefits from discography and surgery.” The medical records provided for review do not show evidence that the employee had undergone a psychological evaluation prior to the requested operative procedure. **The request for for lumbar discogram from L4-S1 with negative control and fluoroscopy for surgical 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, 18th Floor
Oakland, CA 94612

/mb

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.