

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/25/2013
Date of Injury:	11/16/2011
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008493

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 a lumbar discogram **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 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.

Expert Reviewer Case Summary:

This patient has an injury from 11/16/11. The patient suffers from chronic low back pain. An MRI of L-spine from 3/22/13 showed disc bulge at all levels with annular fissure at L3-4 and L4-5. This patient has had adequate conservative care, and is s/p facet blocks bilaterally at L4-5 and L5-S1 from 5/13/13. She is being considered for lumbar surgery and fusion and the treater has requested lumbar discogram from L3-S1.

7/11/13, Dr. [REDACTED] letter of medical necessity for discogram argues that ACOEM does support use of discography for select patients if fusion surgery is realistic. He believes that Discogram will provide necessary information for potential surgical need. He quotes Rand study group, and NASS conclusions regarding discography. Dr. [REDACTED] feels that discogram is necessary in this situation to determine surgical need.

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 a lumbar discogram:

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), 2nd Edition, (2004), Low Back Complaints, Chapter 12, Special Studies and Diagnostic and Treatment Considerations, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, pg. 304, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), Lumbar discography, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The recommendation for lumbar discogram would be valid only if the employee was a realistic surgical candidate. The treating provider would argue that the employee is a surgical candidate given the chronicity of pain, failure to improve with conservative care and passage of time. ACOEM guidelines under spinal fusion and ODG guidelines indicate there is lack of support for spinal fusion surgery. The employee has a diagnosis of chronic low back pain in the setting of an MRI demonstrating annular tears at two levels only. There are no fractures, dislocation, spondylolisthesis that would require a surgical intervention. The guideline criteria have not been met. **The request for a lumbar discogram 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

/ldh

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.