

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	4/5/2008
IMR Application Received:	8/23/2013
MAXIMUS Case Number:	CM13-0015522

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **lumbar discogram L3, 4, 5** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 L3, 4, 5 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. 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 patient is a 47-year-old gentleman injured on 05/08/08 sustaining injury to the low back. He was lifting a 40 pound rack when he felt acute onset of sharp pain across the low back. Records indicate that since time of injury he has been treated conservatively with physical therapy, medication management, and prior epidural steroid injections. However, there is no indication of prior surgical process. Recent clinical records for review include a recent 09/19/13 assessment from treating physician, [REDACTED], M.D., citing continued complaints of pain about the low back, indicating that recent request for a lumbar discogram at L4-5 and L5-S1 has been denied. He states that the claimant has recently been improved for a psychological screening that is currently pending. He continues to complain of midback pain with radiating bilateral lower extremity pain, worse on the left greater than the right lower extremity. Physical examination was "deferred". Reviewed at that date was previous imaging including a 03/28/12 electrodiagnostic studies to the lower extremities that were negative, a 06/18/13 MRI scan that showed disc bulging at L4-5 with a small focal central disc protrusion and L5-S1 small posterior central protrusion. These findings were also confirmed on a 01/11/13 MRI scan that was also performed. The claimant's working diagnosis at that time was of degenerative discs at L4-5 and L5-S1 with bilateral L5 radiculopathy. It states that psychological screening was being considered as well as the need for a lumbar discogram and potential need for operative intervention. Further physical examination findings were not noted. As stated, discography has previously been denied by utilization review citing lack of its need as a preoperative indicator for lumbar surgical intervention.

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 lumbar discogram L3, 4, 5:

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 Chronic Pain Medical Treatment Guidelines, which is part of the MTUS and the ACOEM Practice Guidelines, Low Back Complaints Section, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pages 303-305.

Rationale for the Decision:

Based on the MTUS guidelines, lumbar discography at the requested levels would not be supported. California MTUS does not recommend the role of lumbar discography as a necessary or beneficial preoperative indicator. The medical records provided for review indicate the employee's previous electrodiagnostic studies were negative, significant positive physical examination findings were not documented, and previous imaging for review would further not support the need of the above testing at this time. **The request for a lumbar discogram L3, 4, 5 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

/jr

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.