MAXIMUS Federal Services

Case Number:	CM13-0004390		
Date Assigned:	12/11/2013	Date of Injury:	03/26/2012
Decision Date:	01/17/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 42-year-old male who reported a work-related injury on 03/26/2012 as a result of a cumulative trauma back injury. The patient has a prior surgical history of an L4-5 microdiscectomy in 1999 prior to the date of injury. MRI of the lumbar spine dated 04/15/2013 signed by [redacted] revealed: (1) A 3 to 4 mm AP by 4 mm CC broad-based posterior and inferior disc protrusion at the L4-5 which indents the anterior thecal sac but does not result in spinal stenosis or neural foraminal narrowing. The signal of the disc extrusion may indicate that it is acute to subacute in age. (2) Mild facet arthropathy at L4-5 and L5-S1. (3) Disc desiccation at L3-4 and L4-5 with mild disc height loss at L3-4 and moderate disc height loss at L4-5. (4) Small Schmorl's nodes at the superior endplates of L3 and L4. The clinical note dated 08/13/2013 reports the patient was seen under the care of [redacted]. The provider documents the patient continues to have low back pain radiating to the bilateral lower extremities. Upon physical exam, there was lumbar tenderness and limitation of lumbar spine motion. There was diffuse decreased sensation to pinprick to the left lower extremity. The provider documents since the patient was last seen he is continued to have ongoing complaints of pain. The provider documents the patient has had more than 3 months of back pain and has failed non-operative care including active physical therapy. The patient has MRI showing evidence of multilevel degenerative disc. The provider documents the patient has pain severe enough to warrant surgical interventions and he is attempting to determine the source and level of the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar discogram at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) indicates, "Despite the lack of strong medical evidence supporting that 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 result from detailed psychosocial assessment; (4) is a candidate for surgery; (5) has been briefed on potential risk and benefits from discography and surgery. The provider documents the patient has exhausted all lower levels of conservative treatment for his work-related injury to the lumbar spine. The provider documents the patient is a surgical candidate. The provider documents the patient has yet to have undergone a psychosocial assessment required before undergoing the discography. Therefore, the request for lumbar discogram at L4-5 and L5-S1 levels is not medically necessary or appropriate.

Pre-operative psychological clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The current request is supported. The clinical documentation submitted for review reports the patient continues to present with significant lumbar spine pain complaints and restricted range of motion about the lumbar spine. The provider is recommending the patient undergo a discography to determine the source and level of the patient's pain complaints. The provider documents the patient is a surgical candidate to the lumbar spine. However, as noted in the provider's clinical note document, a preoperative psychological clearance is required per guidelines. California Medical Treatment Utilization Schedule (MTUS) /American College of Occupational and Environmental Medicine (ACOEM) does not specifically address psychological evaluations pre-operatively; however, Official Disability Guidelines indicate, "psychological screening is recommended as an option prior to surgery or in cases with exceptions of delayed recovery." Given that the patient is a surgical candidate for his lumbar spine pain complaints, the request for pre-operative psychological clearance is medically necessary and appropriate.